

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42626

FILED  
Mar 29, 2004  
Secretary of State

**Entity Name:** THE RESTORATION CHURCH OF LAKE LAND, INC.

**Current Principal Place of Business:**

6606 SOUTH FLORIDA AVENUE  
LAKE LAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6666  
LAKE LAND, FL 338076666 US

**New Mailing Address:**

**FEI Number:** 59-3056255

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOBGOOD, GLENN K  
5933 WINDWOOD DR  
LAKE LAND, FL 33813 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOBGOOD, GLENN K  
Address: 5933 WINDWOOD DRIVE  
City-St-Zip: LAKE LAND, FL 33813

Title: D ( ) Delete  
Name: NELSON, JAMES M  
Address: 910 PRIM ROSE WAY  
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete  
Name: KRETZER, ARTHUR  
Address: 309 PALENCIA PLACE  
City-St-Zip: LAKE LAND, FL 33803

Title: D ( ) Delete  
Name: CORDER, DON  
Address: 2724 SHADY WOOD PLACE  
City-St-Zip: LAKE LAND, FL 33809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: NELSON, JAMES M  
Address: 331 COUNTRY LAKE CIRCLE  
City-St-Zip: LAKE WALES, FL 338898

Title: D (X) Change ( ) Addition  
Name: KRETZER, ARTHUR  
Address: 3240 MERLOT DRIVE  
City-St-Zip: LAKE LAND, FL 33811

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN K. HOBGOOD

PRES

03/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date