

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46371 (3)

1. Corporation Name

WALDEN LAKE COMMUNITY CHURCH, INC.



Principal Place of Business

2303 MUD LAKE ROAD
PLANT CITY FL 33567

Mailing Address

P.O. BOX 149
BRANDON FL 33509-7149

3. Date Incorporated or Qualified
12/09/1991

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASKIN, WALLACE
2003 JUNIPER CR
PLANT CITY FL 33566

81 Name

FRUEH, HENRY M.

82 Street Address (P.O. Box Number is Not Acceptable)

3321 KING CHARLES CIRCLE

83

84 City

SEFFNER

FL

85 Zip Code
33584

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Henry M. Frueh

(If the Registered Agent signature requires a witness, attach)

DATE

4-14-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRUEH, HENRY M	
STREET ADDRESS	3321 KING CHARLES CIR	
CITY-STATE-ZIP	SEFFNER FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BASKIN, WALLACE	
STREET ADDRESS	2003 JUNIPER CR	
CITY-STATE-ZIP	PLANT CITY FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MATHEW, STEPHEN	
STREET ADDRESS	2312 BANDY DR.	
CITY-STATE-ZIP	SEFFNER FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	STEBBINS, RUPERT	
STREET ADDRESS	4203 SPRINGWAY CR	
CITY-STATE-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stephen R. Mathew, D.V.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96 813-684-8823

CR2E037 (12/95)