

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:31

DOCUMENT # **N49124** (3)

1. Corporation Name  
**GRACE CHURCH OF LAKE LAND, INC.**

Principal Place of Business Mailing Address  
POST OFFICE BOX 80742 POST OFFICE BOX 80742  
LAKE LAND FL 33804 LAKE LAND FL 33804

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/29/1992</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-3095606</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**SMITH, STEPHEN REV.  
1328 WYNGATE STREET  
LAKE LAND FL 33809**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOBERG, NEAL	1.2 NAME	
STREET ADDRESS	517 BLUFF DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURNDALE FL	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN, JOHN	2.2 NAME	
STREET ADDRESS	5115 N SOCRUM LOOP RD / APT - 118	2.3 STREET ADDRESS	<b>T Mary Hinder</b>
CITY - ST - ZIP	LAKE LAND FL	2.4 CITY - ST - ZIP	<b>4835 Musket Drive</b>
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYDHOLM, EMMA	3.2 NAME	
STREET ADDRESS	416 MCELWEE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURNDALE FL	3.4 CITY - ST - ZIP	
TITLE	M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, STEPHEN REV	4.2 NAME	
STREET ADDRESS	1328 WYNGATE STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE LAND FL	4.4 CITY - ST - ZIP	
TITLE	M	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, JAMES	5.2 NAME	
STREET ADDRESS	1820 OLD POLK CITY ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	LAKE LAND FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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)(b), 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: Mary Hinder Mary Hinder 2/18/95 (813)853-9279  
Signature and Typed or Printed Name of Signing Officer or Director Date Chapter 617, Florida Statutes