

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N49124** (3)
1. Corporation Name
GRACE CHURCH OF LAKE LAND, INC.



Principal Place of Business: **POST OFFICE BOX 90742 LAKELAND FL 33804**
Mailing Address: **POST OFFICE BOX 90742 LAKELAND FL 33804**

3. Date Incorporated or Qualified: **05/29/1992**
3a. Date of Last Report: **02/24/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3095606	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SMITH, STEPHEN REV. 1326 WYNGATE STREET LAKELAND FL 33809		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3.	
		B4. City	FL
		B5. Zip Code	

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 _____ (Signature typed or printed name of registered agent to file in duplicate) (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
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	800001797028
CITY-ST-ZIP	AUBURNDALE FL	1.4 CITY-ST-ZIP	-04/26/96--01100--035
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINDER, MARY	2.2 NAME	***61.25
STREET ADDRESS	4835 MUSKET DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYDHOLM, EMMA	3.2 NAME	MD
STREET ADDRESS	416 MCELWEE DR	3.3 STREET ADDRESS	HINDER, JIM
CITY-ST-ZIP	AUBURNDALE FL	3.4 CITY-ST-ZIP	4835 MUSKET DRIVE
TITLE	M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, STEPHEN REV	4.2 NAME	
STREET ADDRESS	1326 WYNGATE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND 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	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MD
STREET ADDRESS		6.3 STREET ADDRESS	LASH, KEN
CITY-ST-ZIP		6.4 CITY-ST-ZIP	923 SOUTH BLVD.
			LAKELAND, FL

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 P. Smith* 1-22-96 941-858-8765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

SM 14-26-96