

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N49124 (3)**  
1. Corporation Name  
**GRACE CHURCH OF LAKELAND, INC.**



Principal Place of Business <b>POST OFFICE BOX 80742 LAKELAND FL 33804</b>	Mailing Address <b>POST OFFICE BOX 80742 LAKELAND FL 33804-0742</b>
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<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip Country	<b>28</b> Zip Country
<b>24</b> Zip Country	<b>29</b> Zip Country

<b>3.</b> Date Incorporated or Qualified <b>05/29/1992</b>	<b>3a.</b> Date of Last Report <b>04/26/1996</b>
<b>4.</b> FEI Number <b>59-3095606</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**SMITH, STEPHEN REV.  
1326 WYNGATE STREET  
LAKELAND FL 33809**

**10. Name and Address of New Registered Agent**

<b>B1</b> Name
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>
<b>B4</b> City
<b>B5</b> 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input type="checkbox"/> DELETE
NAME	FLOBERG, NEAL	
STREET ADDRESS	517 BLUFF DR	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HINDER, MARY	
STREET ADDRESS	4835 MUSKET DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	HINDER, JIM	
STREET ADDRESS	4835 MUSKET DRIVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	SMITH, STEPHEN REV	
STREET ADDRESS	1326 WYNGATE STREET	
CITY-ST-ZIP	LAKELAND FL	
TITLE	M	<input type="checkbox"/> DELETE
NAME	WEST, JAMES	
STREET ADDRESS	1820 OLD POLK CITY ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	LASH, KEN	
STREET ADDRESS	923 SOUTH BLVD.	
CITY-ST-ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILLIAMS, MIKE	
2.3 STREET ADDRESS	6912 FOX CHASE	
2.4 CITY-ST-ZIP	LAKELAND, FL 33810	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**14.** I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Smith* **STEPHEN SMITH 4-7-97 941-853-9570**

CR2E037 (9/96)