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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90107 041 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N49124
 1. Corporation Name
GRACE CHURCH OF LAKE LAND, INC.

Principal Place of Business POST OFFICE BOX 90742 LAKE LAND FL 33804	Mailing Address POST OFFICE BOX 90742 LAKE LAND FL 33804
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2. Principal Place of Business 21 2320 SLEEPY HILL RD Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/29/1992
22 City & State 23 LAKE LAND FL	27 City & State 28	4. FEI Number 59-3095606 Applied For Not Applicable
24 Zip 33809	25 Country	29 Zip 30 Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent SMITH, STEPHEN REV. 1326 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 FL 85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MD <input type="checkbox"/> DELETE	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	AUBURDALE FL	1.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MIKE	2.2 NAME	
STREET ADDRESS	6912 FOX CHASE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL	2.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINDER, JIM	3.2 NAME	
STREET ADDRESS	4835 MUSKET DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL	3.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	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	LAKE LAND FL	4.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	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	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LASH, KEN	6.2 NAME	
STREET ADDRESS	923 SOUTH BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LAND FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-14-99 941-853-9279
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)