

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49124

1. Entity Name

GRACE CHURCH OF LAKELAND, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90166 038 ****61.25

Principal Place of Business: **2320 SLEEPY HILL RD
LAKELAND FL 33809**

Mailing Address: **POST OFFICE BOX 90742
LAKELAND FL 33804-0742**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

4. FEI Number: **59-3095606**

Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, STEPHEN REV.
1326 WYNGATE STREET
LAKELAND FL 33809**

7. Name and Address of New Registered Agent

Name: _____

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

City: _____ **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: _____ DATE: _____

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS		
TITLE	MD	<input type="checkbox"/> Delete
NAME	FLOBERG, NEAL	
STREET ADDRESS	517 BLUFF DR	
CITY-ST-ZIP	AUBURNDALE FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	WILLIAMS, MIKE	
STREET ADDRESS	0912 FOX CHASE	
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 checked="" type="checkbox"/> Delete
NAME	WEST, JAMES	
STREET ADDRESS	1820 OLD POLK CITY ROAD	
CITY-ST-ZIP	LAKELAND FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LASH, KEN	
STREET ADDRESS	923 SOUTH BLVD.	
CITY-ST-ZIP	LAKELAND FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, TERICA	
STREET ADDRESS	5619 BLOOMFIELD BLVD	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE **1-9-2000** **863-853-9279**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)