

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90065 033 ****61.25

DOCUMENT # N49124

1. Entity Name

GRACE CHURCH OF LAKE LAND, INC.

Principal Place of Business

Mailing Address

**2320 SLEEPY HILL RD
 LAKE LAND FL 33809 - 33810**

**POST-OFFICE BOX 00742
 LAKE LAND FL 33804**

**2320 Sleepy Hill Rd
 Lakeland, FL 33810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3095606

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, STEPHEN REV.
 1326 WYNGATE STREET
 LAKE LAND FL 33809**

Name **Rev. JOHN CANNON**
 Street Address (P.O. Box Number is Not Acceptable)
1702 SHERWOOD LAKES BLVD
 City **LAKE LAND** FL Zip Code **33809**

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 *John Cannon* **Rev. JOHN CANNON** **3-31-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	5619 BLOOMFIELD BLVD	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	HINDER, JIM	
STREET ADDRESS	4835 MUSKET DRIVE	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	SMITH, STEPHEN REV	
STREET ADDRESS	1326 WYNGATE STREET	
CITY-ST-ZIP	LAKE LAND FL	
TITLE	M	<input type="checkbox"/> Delete
NAME	WILLIAMS, TERICA	
STREET ADDRESS	5619 BLOOMFIELD BLVD	
CITY-ST-ZIP	LAKE LAND FL 33810	
TITLE	CD	<input type="checkbox"/> Delete
NAME	LASH, KEN	
STREET ADDRESS	923 SOUTH BLVD.	
CITY-ST-ZIP	LAKE LAND FL	

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 checked="" type="checkbox"/> Addition
NAME	Rev. John Cannon	
STREET ADDRESS	1702 Sherwood Lakes Blvd	
CITY-ST-ZIP	Lakeland, FL 33809	
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		

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 *Terica Williams* **Terica L Williams M** **3/28/02** **863-853**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)