


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

02-25-2004 90051 006 ****61.25

DOCUMENT # N49124
 1. Entity Name
GRACE CHURCH OF LAKELAND, INC.



Principal Place of Business Mailing Address
 2320 SLEEPY HILL RD 2320 SLEEPY HILL RD
 LAKELAND FL 33810 LAKELAND FL 33810

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

8. Name and Address of Current Registered Agent

CANNON, JOHN REV
1702 SHERWOOD LAKES BLVD
LAKELAND FL 33809

4. FEI Number **59-3095606** Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name **MICHAEL G. WILLIAMS**
 Street Address (P.O. Box Number is Not Acceptable) **5640 HILLVIEW CT.**
 City **LAKELAND** FL Zip Code **33810**

66407965



MOORE CR2E037 (11/03)

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	SMITH, OWEN	
STREET ADDRESS	7558 GUNSTOCK DR.	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	MB	<input type="checkbox"/> Delete
NAME	WILLIAMS, MIKE	
STREET ADDRESS	5619 BLOOMFIELD BLVD	
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 checked="" type="checkbox"/> Delete
NAME	CANNON, JOHN REV	
STREET ADDRESS	1702 SHERWOOD LAKES BLVD	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	M	<input type="checkbox"/> Delete
NAME	WILLIAMS, TERICA	
STREET ADDRESS	5619 BLOOMFIELD BLVD	
CITY-ST-ZIP	LAKELAND FL 33810	
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	M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, MIKE	
STREET ADDRESS	5640 HILLVIEW CT	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, STEVE	
STREET ADDRESS	1326 WYNGATE DR	
CITY-ST-ZIP	LAKELAND, FL 33809	
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 information.

SIGNATURE: _____ DATE: **3-22-04** DAYTIME PHONE #: **863-853-9279**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #