

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


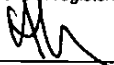

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90250 008 \*\*\*\*61.25

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03092006 Chg-NP CR2E037 (11/05)

|  |                          |  |   |  |                                   |
|--|--------------------------|--|---|--|-----------------------------------|
| <b>DOCUMENT # N49124</b>   |                          |  |   |         |                                   |
| 1. Entity Name<br>GRACE CHURCH OF LAKELAND, INC.   |                          |  |   |  |                                   |
| Principal Place of Business<br>2320 SLEEPY HILL RD<br>LAKELAND, FL 33810   |                          | Mailing Address<br>2320 SLEEPY HILL RD<br>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   | 4. FEI Number<br>59-3095606  | Applied For<br>Not Applicable     |
| 6. Name and Address of Current Registered Agent  |                          |  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                   |
| WILLIAMS, MICHAEL G<br>5640 HILLVIEW CT<br>LAKELAND, FL 33810  |                          |  |   | 7. Name and Address of New Registered Agent  |                                   |
|  |                          |  |   | Name <u>Robert K. Lash</u>   |                                   |
|  |                          |  |   | Street Address (P.O. Box Number is Not Acceptable)<br><u>423 E Lake Bonny Dr</u>         |                                   |
|  |                          |  |   | City <u>Lakeland</u>   | FL Zip Code <u>33801</u>          |
| 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   |                          | <u>Robert K. Lash</u>  |   | <u>3/21/06</u>   |                                   |
| Signature, typed or printed name of registered agent and title if applicable.  |                          | (NOTE: Registered Agent signature required when reinstating)                     |   | DATE   |                                   |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>  |                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees  |                                   |
|  |                          |  |   | Make check payable to Florida Department of State  |                                   |
| 10. OFFICERS AND DIRECTORS   |                          |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |                                   |
| TITLE  | CD                       | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | SMITH, OWEN              |  | NAME  |  |                                   |
| STREET ADDRESS   | 638 JAMICA CIRCLE        |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | LAKELAND, FL 33803       |  | CITY-ST-ZIP   |  |                                   |
| TITLE  | M                        | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | WILLIAMS, MIKE           |  | NAME  |  |                                   |
| STREET ADDRESS   | 5640 HILLVIEW CT.        |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | LAKELAND, FL 33810       |  | CITY-ST-ZIP   |  |                                   |
| TITLE  | MD                       | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | HINDER, JIM              |  | NAME  |  |                                   |
| STREET ADDRESS   | 4835 MUSKET DRIVE        |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | LAKELAND, FL 33810       |  | CITY-ST-ZIP   |  |                                   |
| TITLE  | CD                       | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | SMITH, STEVE             |  | NAME  |  |                                   |
| STREET ADDRESS   | 1326 WYNGATE DR.         |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | LAKELAND, FL 33809       |  | CITY-ST-ZIP   |  |                                   |
| TITLE  | M                        | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | WILLIAMS, TERICA         |  | NAME  |  |                                   |
| STREET ADDRESS   | 5640 HILLVIEW CT.        |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | LAKELAND, FL 33810       |  | CITY-ST-ZIP   |  |                                   |
| TITLE  | CD                       | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition |
| NAME   | LASH, KEN                |  | NAME  |  |                                   |
| STREET ADDRESS   | 423 E. LAKE BONNY DRIVE. |  | STREET ADDRESS  |  |                                   |
| CITY-ST-ZIP  | LAKELAND, FL 33801       |  | CITY-ST-ZIP   |  |                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:    |                          | <u>Robert K. Lash</u>  |   | <u>3/21/06</u>   |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                          | Date   |   | Daytime Phone # <u>863-853-9279</u>  |                                   |