

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90173 018 ****61.25

DOCUMENT # N49124

1. Entity Name
GRACE CHURCH OF LAKELAND, INC.



Principal Place of Business
**2320 SLEEPY HILL RD.
LAKELAND FL 33810**

Mailing Address
**2320 SLEEPY HILL RD.
LAKELAND FL 33810**



CHECK HERE IF MAKING CHANGES

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CANNON, JOHN REV
1702 SHERWOOD LAKES BLVD
LAKELAND FL 33809**

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

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	MD	<input checked="" 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	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	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	

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN SMITH	
STREET ADDRESS	7558 GUNSTOCK DR	
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		
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:

John Cannon

3/28/03

CR2E037 (10/02)