


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N93000001941		
1. Entity Name WEST LAKELAND CHURCH OF CHRIST, INC.		

FILED
08 OCT -3 PH 2:31

Principal Place of Business 5620 OLD HWY 37 LAKELAND FL 33811 US	Mailing Address PO BOX 964 LAKELAND FL 33802 US
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CLERK OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

2nd MOORE CR2E037 (4/08)

4. FEI Number 59-3181085		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRESTON, ISMARELLA 1409 ALAMEDA DR. S LAKELAND FL 33805		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By September 3, 2008	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PATTERSON, HENRY A		NAME				
STREET ADDRESS	1253 GROVELAND LN		STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL 33811		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PATTERSON, ROSIE L		NAME				
STREET ADDRESS	1253 GROVELAND LANE		STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL 33811		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CONOLY, PRESTON		NAME				
STREET ADDRESS	1005 BELL VIEW DR		STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL 33811		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRABLE, WESLEY		NAME				
STREET ADDRESS	1045 N VERMONT AVE		STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL 33803		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HAYES, J.C.		NAME				
STREET ADDRESS	408 W. PARKER PLACE		STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL 33805		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MATA, SELESTINO		NAME				
STREET ADDRESS	4815 S DOSSEY RD		STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL 33811		CITY-ST-ZIP				

600136615116
10/03/08--01049--006 **\$61.25

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: *Henry A. Patterson*

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