

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004533 (5)
1. Corporation Name

LAKELAND AREA MINISTERIAL ASSOC. INC.



Principal Place of Business
% ALL SAINTS EPISCOPAL
209 SOUTH IOWA AVENUE
LAKELAND FL 33801

Mailing Address
% ALL SAINTS EPISCOPAL
209 SOUTH IOWA AVENUE
LAKELAND FL 33801

3. Date Incorporated or Qualified
09/12/1994
3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FET Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

NICKELL, WILLIAM L. REV.
1114 HALLAMWOOD COURT
LAKELAND FL 33813

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0505, Florida Statutes.

SIGNATURE

William L. Nickell

(Print or type registered agent's name and title, if applicable)

4-9-96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TYNDALL, REV. THOMAS
STREET ADDRESS 175 LAKE HOLLINGSWORTH DR
CITY-ST-ZIP LAKELAND FL ☒ DELETE

TITLE VD
NAME SHERROUSE, REV. CRAIG
STREET ADDRESS 1736 NEW JERSEY RD
CITY-ST-ZIP LAKELAND FL ☒ DELETE

TITLE TD
NAME SAMAHA, REV. ALDON K.
STREET ADDRESS 6230 LAKELAND HIGHLANDS RD
CITY-ST-ZIP LAKELAND FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRES.
12 NAME NICKELL, WILLIAM (Rev)
13 STREET ADDRESS 1114 HALLAMWOOD COURT
14 CITY-ST-ZIP LAKELAND FL 33813 ☒ Change ☐ Addition

21 TITLE V.PRES.
22 NAME TYNDALL, THOMAS (Rev)
23 STREET ADDRESS 175 LAKE HOLLINGSWORTH DR
24 CITY-ST-ZIP LAKELAND FL ☒ Change ☐ Addition

31 TITLE TREASURER
32 NAME H. Haskell Williams
33 STREET ADDRESS 6314 Braham Dr.
34 CITY-ST-ZIP Lakeland, FL 33805 ☐ Change ☒ Addition

41 TITLE SD
42 NAME JENKINS, AL (Father)
43 STREET ADDRESS 209 S. IOWA AVE
44 CITY-ST-ZIP LAKELAND FL ☐ Change ☒ Addition

51 TITLE PGM-D (Program Director)
52 NAME EILEEN STONE (Rev)
53 STREET ADDRESS 1324 Lakeland Hills Blvd
54 CITY-ST-ZIP Lakeland FL 33805 ☐ Change ☒ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Aldon K. Samaha
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-96 (941) 646-5314

4-9-96 441-6448587

CR2E037 (12/95)