

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 14 1997 8:00am
Secretary of State

DOCUMENT # N94000004533 (5)

1. Corporation Name

LAKELAND AREA MINISTERIAL ASSOC. INC.



Principal Place of Business

Mailing Address

% ALL SAINTS EPISCOPAL
209 SOUTH IOWA AVENUE
LAKELAND FL 33801% ALL SAINTS EPISCOPAL
209 SOUTH IOWA AVENUE
LAKELAND FL 33801-50183. Date Incorporated or Qualified
09/12/19943a. Date of Last Report
04/12/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETENAME NICKELL, WILLIAM
STREET ADDRESS 1114 HALLAMWOOD COURT
CITY-ST-ZIP LAKELAND FLTITLE VP ☒ DELETENAME TYNDALL, THOMAS
STREET ADDRESS 175 LAKE HOLLINGSWORTH DR
CITY-ST-ZIP LAKELAND FLTITLE T ☐ DELETENAME H HASKELL WILLIAMS
STREET ADDRESS 6314 BRAHAM DR
CITY-ST-ZIP LAKELAND FLTITLE SD ☐ DELETENAME JENKINS, AL
STREET ADDRESS 209 S IOWA AVE
CITY-ST-ZIP LAKELAND FLTITLE D ☐ DELETENAME EILEEN STONE
STREET ADDRESS 1324 LAKELAND HILLS BLVD
CITY-ST-ZIP LAKELAND FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP CAULFIELD, JOHN ☐ Change ☒ Addition
PO BOX 26 118 W LEMON ST.
LAKELAND, FL

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052424

CR2E037 (9/96)