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May 20 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

08/12/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

JOHN G. TAYLOR

82 Street Address (P.O. Box Numbers Not Acceptable)

730 S. FLORIDA AVE.

83

LAKELAND,

84 City

LAKELAND,

FL

85 Zip Code

33801

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

*John G. Taylor*  
Signature, typed or printed name of registered agent, and if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-13-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME NICKELL, WILLIAM  
STREET ADDRESS 1114 HALLAMWOOD COURT  
CITY-ST-ZIP LAKELAND FL ☒ DELETE

TITLE T  
NAME H HASKELL WILLIAMS  
STREET ADDRESS 6314 BRAHAM DR  
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE SD  
NAME JENKINS, AL  
STREET ADDRESS 209 S IOWA AVE  
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE D  
NAME EILEEN STONE  
STREET ADDRESS 1324 LAKELAND HILLS BLVD  
CITY-ST-ZIP LAKELAND FL ☒ DELETE

TITLE VP  
NAME CAULFIED, JOHN  
STREET ADDRESS 118 W LEMON ST  
CITY-ST-ZIP LAKELAND FL ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE P  
1.2 NAME JOHN TAYLOR  
1.3 STREET ADDRESS 730 S. FLORIDA AVE.  
1.4 CITY-ST-ZIP LAKELAND, FL 33801 ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE D  
4.2 NAME RUSSELL MEYER  
4.3 STREET ADDRESS 211 EASTON DRIVE  
4.4 CITY-ST-ZIP LAKELAND, FL 33803 ☒ Change ☐ Addition

5.1 TITLE VP  
5.2 NAME CRAIG SHEROUSE  
5.3 STREET ADDRESS 1736 NEW JERSEY ROAD  
5.4 CITY-ST-ZIP LAKELAND, FL 33803 ☒ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

*John G. Taylor*

1-13-98

(94) 683-3165

CR2E037 (10/97)