

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 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 # **N97000001361 (1)**

1. Corporation Name

**LIFESPINGS CHRISTIAN CENTER OF LAKELAND, INC. A
PENTECOSTAL HOLINESS CHURCH**

Principal Place of Business

**1041 TRACE PLACE
LAKELAND FL 33813**

Mailing Address

**1041 TRACE PLACE
LAKELAND FL 33813**

3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

59-3423890

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 106 E. Main St.

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Lakeland, FL

28

24 Zip

Country

29 Zip

Country

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

25

33801

FL

33813

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	PD	<input type="checkbox"/> DELETE
NAME	MORTON, ROBERT E PASTOR	
STREET ADDRESS	1041 TRACE PLACE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NORRIS, STEPHEN	
STREET ADDRESS	1041 TRACE PLACE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MORTON, LINDA J	
STREET ADDRESS	1041 TRACE PLACE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2833 North Oak St. Apt. 215
2.4 CITY-ST-ZIP	Valdosta, GA 31605
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S/T/D
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

Linda J. Morton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/98

Date

813-881-2905

Daytime Phone # 0055232

CR2E037 (10/97)