FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 DIVISION OF CO. DOCUMENT # N9700001361 (1)

LIFESPRINGS CHRISTIAN CENTER OF LAKELAND, INC. A

PENTECUSTAL HULINESS CHURCH				i
Principal Place of Business Mailing Ac		Mailing Address		- reddings die iskut konst obser delen soket batet batet batet bing klos beet heer serv
1011 TRACE PLACE		1041 TRACE PLACE		3. Date Incorporated or Qualified
LAKELAND FL 33813		LAKELAND FL 33813		03/12/1997
1				4. FEI Number Applied For
				4. FEI Number 423 890 Applied For Not Applicable
	Place of Business	2a, Mailing Address		5. Certificate of Status Desired S8.75 Additional
	E. Main St.	26		Fee Required
Suite, Apt	#, etc	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be
City & Stat	Α	City & State		Trust Fund Contribution Added to Fees
23 / 4/4	eland, FL	28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zιρ	Country	8. This corporation owes or has paid the current year Intangible
24 3380			30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent 10. N				IV. Itamo alla Address di Itam Registero Agent
МООТО	N LINDA I			
MORTON, LINDA J 1041 TRACE PLACE				Address (P.O. Box Number is Not Acceptable)
LAKELAND FL 33813			83	
Duite.	**************************************			
			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				
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, typind or pointed name of registerind age		Registered Agent signature	
12.	OFFICERS AN	DELETE	13. 1.1 T/TLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	MORTON, ROBERT E PASTO		1.2 NAME	C Orango C Troumon
STREET ADDRESS	1041 TRACE PLACE	••	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813		1.4 CITY-ST-ZiP	
TITLE	VD	DELETE	2.1 TITLE	Change Addition
NAME	Norris, Stephen		2.2 NAME	/
STREET ADDRESS	1041 TRACE PLACE		2.3 STREET ADDRESS	28 33 North Oak St. Apr. 215
CITY - ST - ZIP	LAKELAND FL 33813		2.4 CITY-ST-ZIP	Valdosta, GA 31605
TITLE	- 6D -	☐ DELETE	3.1 TITLE	28 33 North Oak St. A pl. 215 Valdost a, GA 31605 S/T/D Addition
NAME	MORTON, LINDA J		3.2 NAME	-1'1'
STREET ADDRESS	1041 TRACE PLACE		3 3 STREET ADDRESS	
CITY-ST-ZIP TITLE	LAKELAND FL 33813	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME		La tette it	4.2 NAME	Change C Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP	•		4.4 CITY - ST - ZIP	1
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	}
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	<u> </u>
STREET ADDRESS			6.3 STREET ADDRESS	

4. 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 supplienional 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.

6.4 CITY-ST-ZIP

SIGNATURE:

VATURE AND TYPED ON PRETED NAME OF BIONING OFFICER ON DIRECTO

112/98 813-881-290

FILED

Feb 18 1998 8:00am

Secretary of State