

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001849

FILED
Apr 30, 2009
Secretary of State

Entity Name: LAKEWOOD COMMUNITY CHURCH, INC.

Current Principal Place of Business:

6250 OLD BETHEL RD
CRESTVIEW, FL 32536 US

New Principal Place of Business:

Current Mailing Address:

6250 OLD BETHEL RD
CRESTVIEW, FL 32536 US

New Mailing Address:

FEI Number: 59-3436735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEADE, RONALD L PASTOR
6250 OLD BETHEL RD
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEADE, RONALD L PASTOR
Address: 6250 OLD BETHEL RD
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: MEADE, SHIRLEY
Address: 6250 OLD BETHEL RD.
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: BROWN, DONALD D
Address: PO BOX 866
City-St-Zip: DEFUNKIAK, FL 32433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD L. MEADE

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date