2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT # N97000004447

1. Entity Name

TURNING POINT RAPTIST CHURCH OF LAKELAND, FLORID

A, INC.	t ontr bra not ononon of	Lince into Teorino		7				
Principal Place of Business 5140 BAILEY ROAD MULBERRY FL 33860		Mailing Address 5140 BAILEY ROAD MULBERRY FL 33860		1	IIUWIIUU			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59	4. FEI Number 59-3462837 Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Si		8.75 Add	ditional	
	6. Name and Address of Current I	l la		7. Name and Add	iress of New Registered Ag			
KEEN, GERALD L 606 E LAUREL POINTE DRIVE LAKELAND FL 33813				Name DENISE WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 7141 SWSET BUDGE TOTAL				
			City / All	ELAND	FL	Zip Code	e	
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a		gistered office or regi	stered agent, or both, in	the State of Florida. I am fai	niliar with,	and accept	
FILE NOW: FEE IS \$61.25		,	9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND DIR		11.		ES TO OFFICERS AND DIRE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LINDSEY, S L 3405 IMPERIAL LANE LAKELAND FL 33813	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Z	IILLIAMS K 141 SUNSET	DENISE BROVÉ GT FL 33813	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILSON, KAREN 5810 WINDWOOD DRIVE LAKELAND FL 33813	⊠ Delete	TITLE NAME STREET ADDRESS 50	P DV	MES E HILL DRIVE U	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KEEN, GERALD 606 E LAUREL POINTE DRIVE LAKELAND FL 33809	S ZDelete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEADOWS, ROGER 5120 BAILEY ROAD MULBERRY FL 33860	⊠ Delete ·x	TITLE NAME STREET ADDRESS CITY-ST-ZIP		~ .	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[Change	☐ Addition	
TITLE		☐ Delete	TITLE		· ·	Change	Addition	

12. Thereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

FILED

Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90966 041 ****61.25