


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90092 044 ****70.00

DOCUMENT # N99000000238		
1. Entity Name NORTH LAKELAND BAPTIST CHURCH, INC.		

Principal Place of Business 306 WILDER ROAD LAKELAND FL 33809	Mailing Address POST OFFICE BOX 93233 LAKELAND FL 33804
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2341366	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVIS, CECIL 5632 ANNETTE STREET LAKELAND FL 33810	
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7. Name and Address of New Registered Agent Name JAMES BARTLETT Street Address (P.O. Box Number is Not Acceptable) 8340 N. SOCRUM LOOP RD City LAKELAND FL Zip Code 33809	
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8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE <i>James Bartlett</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>	JAMES BARTLETT TREASURER <small>(NOTE: Registered Agent signature required when reinstating)</small>	3-9-05 <small>DATE</small>

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete PARRISH, JOE 4831 1ST STREET NW LAKELAND FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete SPERRY, DEBBIE 5330 HOUSTON DR. LAKELAND FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete BARTLETT, JAMES 8340 N. SOCRUM LOOP RD. LAKELAND FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete STALVEY, ALAN 1422 SLASH PINE LAKELAND FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete MULLINS, RICHARD 7429 WILLOW WISP DR. E LAKELAND FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE: <i>James Bartlett</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	JAMES BARTLETT	3-9-05 <small>Date</small>	(863) 859-0604 <small>Daytime Phone #</small>
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