

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000010049

Entity Name: FIRST BAPTIST CHURCH AT THE MALL CAMPUS, INC.

Current Principal Place of Business:

1010 E.MEMORIAL BLVD.
LAKELAND, FL 33801

Current Mailing Address:

1010 E. MEMORIAL BLVD
LAKELAND, FL 33801 US

FEI Number: 47-5660898

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WORKMAN, MICHAEL E ESQ.
500 S. FLORIDA AVE., SUITE 800
LAKELAND, FL 33801 US

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

Officer/Director Detail :

Title DIRECTOR
Name BURGNER, AARON PASTOR
Address 1010 E.MEMORIAL BLVD.
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name BASS, ALFRED
Address 1010 E.MEMORIAL BLVD.
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name CURRY, DAVID
Address 1010 E.MEMORIAL BLVD.
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name CONTI, TIMOTHY
Address 1010 E.MEMORIAL BLVD.
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name BASS, ALFRED
Address 1010 E.MEMORIAL BLVD.
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name FERREIRA, RANDY
Address 1010 E.MEMORIAL BLVD.
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name CONRAD, KEVIN
Address 1010 E.MEMORIAL BLVD.
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name BELLAR, DON
Address 1010 E.MEMORIAL BLVD.
City-State-Zip: LAKELAND FL 33801

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY CONTI

DIRECTOR

03/20/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NICHOLS, STEVE
Address 1010 E.MEMORIAL BLVD.
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR
Name PLATT, JASON
Address 1010 E. MEMORIAL BLVD
City-State-Zip: LAKELAND FL 33801