

**2021 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

**FILED**  
**Feb 23, 2021**  
**Secretary of State**  
**5881336146CC**

**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 RIDEOUT, CHARLES B  
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 PRAHL, JOHN  
Address 1010 E.MEMORIAL BLVD.  
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR  
Name MILLS, GREG  
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 TATTRIE, ANDREW  
Address 1010 E.MEMORIAL BLVD.  
City-State-Zip: LAKELAND FL 33801

Title DIRECTOR  
Name NICHOLS, STEVE  
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: JOHN PRAHL**

**TRUSTEE**

**02/23/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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