

**2024 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            PRESIDENT, DIRECTOR  
Name            BURGNER, AARON PASTOR  
Address        1010 E.MEMORIAL BLVD.  
City-State-Zip: LAKELAND FL 33801

Title            SECRETARY, DIRECTOR  
Name            FAGAN, JOSEPH D  
Address        1010 E. MEMORIAL BLVD  
City-State-Zip: LAKELAND FL 33801

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

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

Title            TREASURER, DIRECTOR  
Name            APGAR, ANDREW  
Address        1010 E.MEMORIAL BLVD.  
City-State-Zip: LAKELAND FL 33801

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

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

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

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*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: TOM DODD**

**TRUSTEE**

**04/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title           VP, DIRECTOR  
Name           MCDOW, DWAYNE  
Address        1010 E. MEMORIAL BLVD  
City-State-Zip: LAKELAND FL 33801