## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000009309

Entity Name: SOMOS CHURCH, INC.

**Current Principal Place of Business:** 

3125 U.S. HIGHWAY 98 SOUTH

LAKELAND, FL 33803

## **Current Mailing Address:**

**2611 JONILA AVENUE** LAKELAND, FL 33803 US

FEI Number: 81-3924261 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LINDSEY, COY 2611 JONILA AVE LAKELAND, FL 33803 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

**FILED** Feb 12, 2018

**Secretary of State** 

CC2006332766

Officer/Director Detail :

Title Title S

LINDSEY, COY MATTA, MARISABEL Name Name

2611 JONILA AVE. Address Address 4545 BRITTANY HEYWORTH WAY,

Name

Title

APT. 203

BELL, RICK

D

LAKELAND FL 33803 City-State-Zip: City-State-Zip: LAKELAND FL 33813

Title Т

Title Name BEALL, CATHERINE

Address 958 HOLLINGSWORTH RD. 1923 GRIFFIN TR Address

City-State-Zip: LAKELAND FL 33801

City-State-Zip: BARTOW FL 33830

Title D

Title Name MILLER. JIM Name

HATCHER, JARED 6010 OAKVIEW DR Address

Address 5630 SPRING LAKE DR City-State-Zip: LAKELAND FL 33811

City-State-Zip: LAKELAND FL 33811

Title

OSLEY, PAUL L Name Name MILLER, JAMES J

3179 HIGHLANDS LAKEVIEW CIR Address Address 6110 ABBEY OAKS WAY

City-State-Zip: LAKELAND FL 33812 City-State-Zip: LAKELAND FL 33811

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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.

02/12/2018 SIGNATURE: COY LINDSEY **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name LABBE, KRISTEN

Address 815 S. NEW YORK AVE
City-State-Zip: LAKELAND FL 33815