

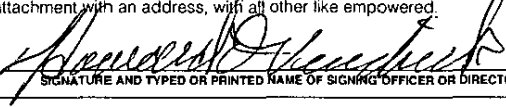


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90077 042 ****61.25

DOCUMENT # 770479					
1. Entity Name MYRTLE LAKE BAPTIST HOLDING CO.					
Principal Place of Business 2017 RIEGLER ROAD LAND O LAKES, FL 34639			Mailing Address 2017 RIEGLER ROAD LAND O LAKES, FL 34639		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-2244542				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARRISON, GEORGE 23817 LAKE HILLS DRIVE LUTZ, FL 33549			Name Howard Vendrick Street Address (P.O. Box Number is Not Acceptable) 30347 Lettingwell Circle City Wesley Chapel FL Zip Code 33543		
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  DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VENDRICK, HOWARD		NAME		
STREET ADDRESS	30347 LETTINGWELL CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEE, PHYLLIS		NAME		
STREET ADDRESS	4580 PARKWAY BLVD.		STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES, FL 34639		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LESTER, ROBERT		NAME		
STREET ADDRESS	3240 BRONZE LEAF PLACE		STREET ADDRESS		
CITY-ST-ZIP	LAND O'LAKES, FL 34639		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRISON, GEORGE		NAME		
STREET ADDRESS	23817 LAKE HILLS DR		STREET ADDRESS		
CITY-ST-ZIP	LUTZ, FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NUNEZ, CARLESS		NAME		
STREET ADDRESS	5073 FOX HUNT DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 1-13-04		Daytime Phone #: 813-949-5516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

64000709



01092004 Chg-NP CR2E037 (10/03)