

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90166 024 ****70.00

DOCUMENT # N06000001592	
1. Entity Name MISSION BAPTIST CHURCH OF LAKE WALES, INC.	

Principal Place of Business 107 CRYSTAL AVE LAKE WALES, FL 33853	Mailing Address PO BOX 7501 WINTER HAVEN, FL 33883
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40079937



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04142007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent	
MARDY, DENIS 270 18TH STREET NE WINTER HAVEN, FL 33881	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

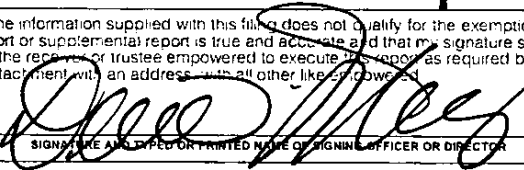
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARDY, DENIS 270 18TH STREET NE WINTER HAVEN, FL 33881 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/V. DENIS MARDY ☒ Change ☐ Addition 6042 W Lake Ruth DR. DUNDEE FL, 33883
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUCLOS, BERNARD C 437 STERLING DR WINTER HAVEN, FL 33884 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. BERNARD DUCLOS ☒ Change ☐ Addition 437 STERLING DR WINTER HAVEN FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROMULUS, REGINOLD 1437 LAKE VIEW DR LAKE WALES, FL 33859 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S; REGINALD ROMULUS ☒ Change ☐ Addition 1437 Lake View DR Lake Wales FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALCIME, LUMAGE 113 STUART AVE LAKE WALES, FL 33859 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 4/20/07
Signature, typed or printed name of signing officer or director