


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2007 8:00 am**  
**Secretary of State**

08-30-2007 90001 037 \*\*\*\*61.25

**DOCUMENT # N11689**

1. Entity Name  
 ORANGE LAKE BAPTIST CHURCH, INC.



Principal Place of Business 19060 NW 53RD TERRACE ORANGE LAKE, FL 32681	Mailing Address 19060 NW 53RD TERRACE P.O. BOX 227 ORANGE LAKE, FL 32681
---	---

**DO NOT WRITE IN THIS SPACE**



08122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2349930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

~~Deceased~~  
~~WILLIAMS, FRANK~~  
~~5474 NW 1945TH PLACE~~  
~~ORANGE LAKE, FL 32681~~

William Corbus  
 5501 Tucker Lane  
 McIntosh FL 32664

**DO NOT WRITE IN THIS SPACE**

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: William Corbus William Corbus PD 8-26-07  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Deceased WILLIAMS, FRANK 5474 NW 1945TH PLACE ORANGE LAKE, FL	William Corbus 5501 Tucker Lane McIntosh FL 32664
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PRIEST, WILLIAM E III 18040 NE 24TH AVE CITRA, FL 32113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLK, SAMUEL E 5265 NW 218TH PL MCINTOSH, FL 32664	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

**DO NOT WRITE IN THIS SPACE**

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: Samuel E Polk Samuel E Polk VD 8-26-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #