FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:25

DOCUMENT # N22532 (8)

1. Corporation Name
FIRST BAPTIST CHURCH OF LAKE WALES, INC.

Principal Place of Business	Mailing Address
338 E. CENTRAL AVENUE P O BOX 552 LAKE WALES FL 33853	338 E. CENTRAL AVENUE P O BOX 552 LAKE WALES FL 33853

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1987
3a. Date of Last Report: 02/24/1994
4. FEI Number: 59-0818915 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BROWN, JERRY
8398 N LAKESHORE BLVD.
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name: Troy Lamb
82 Street Address (P.O. Box Number is Not Acceptable)
83: 1171 S Lakeshore Blvd
84 City: Lake Wales FL 85 Zip Code: 33853

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X Troy Lamb Troy Lamb, Ch. Trustees 2-14-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, JERRY	1.2 NAME	Troy Lamb
STREET ADDRESS	839 N LAKESHORE BLVD	1.3 STREET ADDRESS	1171 S Lakeshore Blvd
CITY-ST-ZIP	LAKE WALES FL	1.4 CITY-ST-ZIP	Lake Wales FL 33853
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	OTHOSON, BUD	2.2 NAME	Same
STREET ADDRESS	502 SUNSHINE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	WEIKERT, BOB	3.2 NAME	Doug Elmore
STREET ADDRESS	3471 HARBOR BEACH DRIVE	3.3 STREET ADDRESS	2008 Capps Rd
CITY-ST-ZIP	LAKE WALES FL	3.4 CITY-ST-ZIP	Lake Wales FL 33853
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LAMB, TROY	4.2 NAME	Don Sims
STREET ADDRESS	1171 S. LAKESHORE BLVD.	4.3 STREET ADDRESS	1109 Yarnell Avenue
CITY-ST-ZIP	LAKE WALES FL	4.4 CITY-ST-ZIP	Lake Wales FL 33853
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CONNER, JIM	5.2 NAME	Same
STREET ADDRESS	2712 CLUBHOUSE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Troy Lamb Troy Lamb, Ch. Trustees 2-14-95 813-676-3436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0018120