FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

3. Date Incorporated or Qualified: 09/17/1987
3a. Date of Last Report: 02/20/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LAMB, TROY
1171 S. LAKESHORE BLVD.
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD LAMB, TROY 1171 S. LAKESHORE BLVD. LAKE WALES FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OTHOSON, BUD 502 SUNSHINE DRIVE LAKE WALES FL	☑ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☑ Addition SD JERRY SCARBOROUGH 3908 ALTERNATE 27 SOUTH LAKE WALES, FL 33853
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ELMORE, DOUG 2008 CAPPS ROAD LAKE WALES FL	☑ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIMS, DON 1109 YARNELL AVE. LAKE WALES FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONNER, JIM 2712 CLUBHOUSE DR. LAKE WALES FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☑ Addition D, BOB WEIKERT 3471 HARBOR BEACH DRIVE LAKE WALES, FL 33853

CR2E037 (12/95)

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)(k), 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: Judy Kemble MAY 01, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #