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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N22532**

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

* 5 5 8 3 2 0 *
558320 - 90024 - 37

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/17/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0818915 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

OTHOSON, HOWARD
150 N LAKESHORE DR
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OTHOSON, HOWARD		1.2 NAME		
STREET ADDRESS	150 N LAKESHORE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WEIKERT, ROBERT		2.2 NAME		
STREET ADDRESS	3471 HARBOR BEACH DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GERRARD, PAUL		3.2 NAME		
STREET ADDRESS	1144 CEPHIA ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRYAN, JIM		4.2 NAME		
STREET ADDRESS	830 BRENTWOOD DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☑ Addition
NAME	STEDMAN, NORMAN		5.2 NAME	Layne Lightsey	
STREET ADDRESS	340 SUNSET DR		5.3 STREET ADDRESS	2230 Sam Keen Rd Dr	
CITY-ST-ZIP	FROSTPROOF FL		5.4 CITY-ST-ZIP	Lake Wales FL 33853	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SIMS, DON		6.2 NAME		
STREET ADDRESS	1109 YARNELL AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES FL		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 941-676-3456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/1/98)