## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N22532

FILED Apr 21, 2004 Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF LAKE WALES, INC.

| Current Principal Place of Business:                        |   |  | New Principal P                             | New Principal Place of Business:                                    |  |
|---|---|--|---|---|--|
| POBOX (   | NTRAL AVENU<br>552<br>LES, FL 33853                     | E  |   |   |  |
| Current Mailing Address:                                    |   |  | New Mailing Ad                              | New Mailing Address:  |  |
| POBOX (   | NTRAL AVENU<br>552<br>LES, FL 33853                     | E  |   |   |  |
| FEI Number  | : 59-0818915  | FEI Number Applied For ( )                 | FEI Number Not Applicable (                 | ( ) Certificate of Status Desired ( )                               |  |
| Name and  | d Address of C  | urrent Registered Agent:                   | Name and Addr                               | ess of New Registered Agent:  |  |
|   | BILL<br>GHLAND PARK<br>LES, FL 33898                    |  |   |   |  |
|   | e named entity s<br>e of Florida.                       | ubmits this statement for the p            | urpose of changing its regi                 | stered office or registered agent, or both                          |  |
| SIGNATU   | RE:   |  |   |   |  |
|   | Electroni   | c Signature of Registered Age              | nt  | Date  |  |
| OFFICERS AND DIRECTORS:                                     |   |  | ADDITIONS/CH                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTO                           |  |
| Fitle:<br>Name:<br>Address:<br>City-St-Zip:                 | V ()<br>OTHOSON, HOV<br>17 EUCLAVE DE<br>WINTER HAVEN   | R SE                                       | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition   |  |
| Fitle:<br>Name:<br>Address:<br>City-St-Zip:                 | HOLMES, BILL  | Delete<br>ND PARK DRIVE<br>L 33898         | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition   |  |
| 「itle:<br>√ame:<br>√ddress:                                 | T ()<br>SIMS, DON<br>1109 VARNELL<br>LAKE WALES, F      |  | Address: 1011                               | (X) Change ( ) Addition<br>, DON<br>DESTIN DRIVE<br>WALES, FL 33898 |  |
| City-St-Zip:  |   | D 1.4                                      | Title:                                      | ( ) Change ( ) Addition   |  |
| City-St-Zip:<br>Fitle:<br>Name:<br>Address:<br>City-St-Zip: | S ()<br>HICKS, RONALE<br>3460 WHITE OA<br>LAKE WALES, F | K CT                                       | Name:<br>Address:<br>City-St-Zip:           | ( ) Shange ( ) Addition   |  |
| itle:<br>lame:<br>lddress:                                  | HICKS, RONALE<br>3460 WHITE OA<br>LAKE WALES, F         | O<br>JK CT<br>FL 33898<br>Delete<br>NVENUE | Name:<br>Address:                           | ( ) Change ( ) Addition   |  |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM HOLMES D 04/21/2004