

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22532

FILED
Apr 19, 2005
Secretary of State

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

Current Principal Place of Business:

338 E. CENTRAL AVENUE
P O BOX 552
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

338 E. CENTRAL AVENUE
P O BOX 552
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 59-0818915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, BILL
1430 S HIGHLAND PARK DRIVE
LAKE WALES, FL 33898 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: OTHOSON, HOWARD
Address: 17 EUCLAVE DR SE
City-St-Zip: WINTER HAVEN, FL 33884

Title: P () Delete
Name: HOLMES, BILL
Address: 1430 S HIGHLAND PARK DRIVE
City-St-Zip: LAKE WALES, FL 33898

Title: T () Delete
Name: SIMS, DON
Address: 1011 DESTIN DRIVE
City-St-Zip: LAKE WALES, FL 33898

Title: S () Delete
Name: HICKS, RONALD
Address: 3460 WHITE OAK CT
City-St-Zip: LAKE WALES, FL 33898

Title: D () Delete
Name: SIKES, JEFF
Address: 940 CARLTON AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: D () Delete
Name: ELMORE, DOUG
Address: 2008 CAPPS ROAD
City-St-Zip: LAKE WALES, FL 33898

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BILL HOLMES

P

04/19/2005

Electronic Signature of Signing Officer or Director

Date