

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 742312 (2)
 1. Corporation Name
FIRST SOUTHERN BAPTIST CHURCH OF LADY LAKE, INC.



Principal Place of Business 2933 GRIFFIN VIEW DR P.O. BOX 185 LADY LAKE FL 32159		Mailing Address 2933 GRIFFIN VIEW DR P.O. BOX 185 LADY LAKE FL 32159		3. Date Incorporated or Qualified 04/07/1978
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		4. FEI Number 59-2276059 Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SANDEFUR, E.L. 124 ROSEMARY AVE. P.O. BOX 61 LADY LAKE FL 32159		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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDEFUR, E. L.	1.2 NAME	BARFIELD, RAYMOND
STREET ADDRESS	124 ROSEMARY, FL	1.3 STREET ADDRESS	213 OAK HILL ROAD
CITY-ST-ZIP	LADY LAKE, FL 00000	1.4 CITY-ST-ZIP	LADY LAKE, FL. 32159
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, QUINDE	2.2 NAME	
STREET ADDRESS	714 MCKENZIE ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSSEE, LENA	3.2 NAME	
STREET ADDRESS	124 ROSEMARY AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LADY LAKE FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANES, DEBBIE	4.2 NAME	
STREET ADDRESS	2509 TECUMSEH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JEANETTE	5.2 NAME	EDWARDS, ADDIE
STREET ADDRESS	RT.2 BOX 551	5.3 STREET ADDRESS	P.O. Box 1635 "N/A"
CITY-ST-ZIP	1925 GRIFFIN AVE.	5.4 CITY-ST-ZIP	LADY LAKE, FL.
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Raymond Barfield, President* 4-19-98.

CR2E037 (10/97)