

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003427

**FILED**  
**Jan 16, 2018**  
**Secretary of State**  
**CC8651374637**

**Entity Name:** BABSON PARK COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

725 RAINBOW BLVD.  
BABSON PARK, FL 33827

**Current Mailing Address:**

P.O. BOX 135  
BABSON PARK, FL 33827 US

**FEI Number:** 59-6218948

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CISZEK, STAN  
110 ILLINOIS AVE  
BABSON PARK, FL 33827 US

*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:** STAN CISZEK

01/16/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TD  
Name FAIKS, WALTER  
Address 1470 N CROOKED LAKE DR  
City-State-Zip: BABSON PARK FL 33827-9718

Title D  
Name DEMAG, JOANNE  
Address 2330 THOREAU DR  
City-State-Zip: LAKE WALES FL 33898

Title TRUSTEE  
Name MORRISON, DEBBIE  
Address 148 SEMINOLE BEACH DR  
City-State-Zip: BABSON PARK FL 33827

Title TRUSTEE  
Name CLEMONS, SHERRI  
Address 149 EDGEWOOD DR  
City-State-Zip: LAKE WALES FL 33898

Title TRUSTEE  
Name MALONE, RONALD  
Address PO BOX 366  
City-State-Zip: BABSON PARK FL 33827

*I hereby 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 all other like empowered.*

**SIGNATURE:** WALTER FAIKS

**TREASURER**

01/16/2018

Electronic Signature of Signing Officer/Director Detail

Date