

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90226 036 \*\*\*\*61.25



**DOCUMENT # 700251**

1. Entity Name

**FIRST BAPTIST CHURCH OF EATON PARK FLORIDA ,  
INC.**

Principal Place of Business

2633 EATON AVE.  
P.O. BOX 217  
EATON PARK FL 33840

Mailing Address

2633 EATON AVE  
P.O. BOX 217  
EATON PARK FL 33840

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1974679

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent

**CRUCE, LANNIE**  
3315 TIMBERLINE RD. WEST  
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name: **Clayton Barber**  
Street Address (P.O. Box Number is Not Acceptable)  
**2826 Illinois Avenue**  
City: **Lakeland** **FL** Zip Code: **33803**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Clayton Barber*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/27/04*

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	VD BASS, BOB	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3133 FLETCHER AVE.	
CITY-ST-ZIP	EATON PARK FL 33840	
TITLE NAME	TD CRUCE, LANNIE	<input type="checkbox"/> Delete
STREET ADDRESS	3315 TIMBERLINE ROAD W	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE NAME	SD WIDNER, PEGGY	<input type="checkbox"/> Delete
STREET ADDRESS	2935 PARK ST.	
CITY-ST-ZIP	EATON PARK FL	
TITLE NAME	D SHARPE, WANDA	<input type="checkbox"/> Delete
STREET ADDRESS	3722 HADE DRIVE N.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	VD Charlotte Cruce	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3315 Timberline Rd. West	
CITY-ST-ZIP	Winer Haven, FL 33880	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lannie S. Cruce*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-26-04*

Date

Daytime Phone #