

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

| | |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| 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 |



04122005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-1974679 | Applied For Not Applicable |
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARBER, CLAYTON
 2826 ILLINOIS AVE.
 LAKELAND, FL 33803

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|---------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD CRUCE, CHARLOTTE 3315 TIMBERLINE RD. W WINTER HAVEN, FL 33880 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CRUCE, LANNIE 3315 TIMBERLINE ROAD W WINTER HAVEN, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WIDNER, PEGGY 2935 PARK ST. EATON PARK, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHARPE, WANDA 3722 HADE DRIVE N. LAKELAND, FL 33801 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 04/19/05-80037-013 61.25

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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 L. Cruce Date: 4-13-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

LANNIE L. CRUCE