

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90072 023 ****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**



02072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1974679

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-07

Date

(863)294-3355

Daytime Phone #