


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.	
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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
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02072007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-1974679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____

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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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: Lannie L. Cruce 4-13-07 (863)294-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #