


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90016 030 \*\*\*\*61.25

<b>DOCUMENT # 700251</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1974679	
Zip		Country		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			7. Name and Address of New Registered Agent Name Lyle Combee Street Address (P.O. Box Number is Not Acceptable) 8675 Highway 33 N. City Lakeland FL Zip Code FL 33809		
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: <i>Lyle Combee</i>		Lyle Combee/Pastor		DATE: 3-26-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CRUCE, CHARLOTTE		NAME		
STREET ADDRESS	3315 TIMBERLINE RD. W		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN, FL 33880		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CRUCE, LANNIE		NAME	James Tyson	
STREET ADDRESS	3315 TIMBERLINE ROAD W		STREET ADDRESS	7 Leisure Drive	
CITY-ST-ZIP	WINTER HAVEN, FL		CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WIDNER, PEGGY		NAME		
STREET ADDRESS	2935 PARK ST.		STREET ADDRESS		
CITY-ST-ZIP	EATON PARK, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHARPE, WANDA		NAME		
STREET ADDRESS	3722 HADE DRIVE N.		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33801		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>James Tyson</i>		James Tyson, Treasurer		DATE: 3-26-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 863-665-6516	

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4. FEI Number 59-1974679 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required