


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

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 711277</b> 1. Entity Name LAKE OLA BAPTIST CHURCH, INC.	
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Principal Place of Business 6551 SADLER RD P.O. BOX 221 ZELLWOOD, FL 32798	Mailing Address 6551 SADLER RD P.O. BOX 221 ZELLWOOD, FL 32798
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**DO NOT WRITE IN THIS SPACE**



04102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1156605	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  MILLER, PAUL 5136 JONES AVE ZELLWOOD, FL 32789
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**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

<b>Filing Fee is \$81.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000838851 04728708-80019-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREEN, RAY 5844 ROUND LAKE RD APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MILLER, PAUL 5136 JONES AVE ZELLWOOD, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOLEY, ESTEL 28208 TAMMI DR TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:** Paul F. Miller 4-11-08 889-3946  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #