


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90029 003 ****61.25

DOCUMENT # 713880	
1. Entity Name LAKEVIEW BAPTIST CHURCH OF DELRAY BEACH, INC.	

Principal Place of Business 2599 NO SWINTON AVE DELRAY BEACH, FL 33444	Mailing Address 2599 NO SWINTON AVE DELRAY BEACH, FL 33444
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40004630



01132005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-1415463	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

SCHULTZ, ALLAN DEAN
 152 SE 27TH WAY
 BOYNTON BEACH, FL 33435

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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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	D SCHULTZ, DEAN 152 S E 27TH WAY BOYNTON BCH, FL 00000, 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, MARVIN SW 18TH ST BOYNTON BEACH, FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEDBETTER, DAVID 760 N W SEVENTH STREET DELRAY BCH, FL 00000, 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIEST, O. D. 5501 N OCEAN BLVD BOYNTON BEACH, FL 33435
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 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: *Allan Schultz* **1-16-05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #