

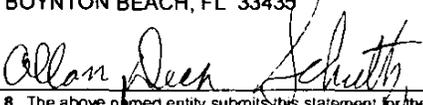
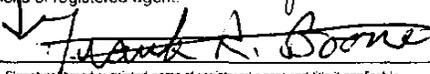
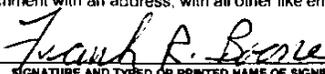
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90013 008 ****61.25

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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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01122007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1415463	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SCHULTZ, ALLAN DEAN 152 SE 27TH WAY BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent	
 Signature typed or printed name of registered agent and title if applicable.				Name FRANK BOONE	
				Street Address (P.O. Box Number is Not Acceptable) 1110 NE 2ND AVE	
				City DELRAY BEACH	
				State FL	
				Zip Code 33444	
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 				DATE 1-16-07	
				NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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	D	<input type="checkbox"/> Delete		TITLE	D
NAME	SCHULTZ, DEAN			NAME	FRANK BOONE
STREET ADDRESS	152 S E 27TH WAY			STREET ADDRESS	1110 NE 2ND AVE
CITY-ST-ZIP	BOYNTON BCH, FL 00000, 33435			CITY-ST-ZIP	DELRAY BEACH FL 33444
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	WALKER, MARVIN			NAME	
STREET ADDRESS	SW 18TH ST			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	LEDBETTER, DAVID			NAME	
STREET ADDRESS	760 N W SEVENTH STREET			STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH, FL 00000, 33444			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	PRIEST, O. D.			NAME	
STREET ADDRESS	5501 N OCEAN BLVD			STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
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: 				Date 1-16-07	
				Daytime Phone #	