


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90376 017 \*\*\*\*61.25

<b>DOCUMENT # 714056</b> 1. Entity Name <b>LAKE RUTH BAPTIST CHURCH OF BARTOW, FLORIDA, INC.</b>					
Principal Place of Business <b>LAKE RUTH BAPTIST CHURCH 800 WEST CLOWER STREET BARTOW, FL 33830 US</b>			Mailing Address <b>LAKE RUTH BAPTIST CHURCH 800 WEST CLOWER STREET BARTOW, FL 33830 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1749986</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>VICKERS, ANNIE J 715 SOUTH FLORAL AVENUE BARTOW, FL 33830</b>				7. Name and Address of New Registered Agent Name <b>Brenda K. Fewox</b> Street Address (P.O. Box Number is Not Acceptable) <b>1870 Lake point Drive</b> City <b>Bartow</b> <b>FL</b> Zip Code <b>33830</b>	
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 <b>Brenda K. Fewox</b> <i>Brenda K. Fewox</i> <b>3/6/2007</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FEWOX, BREND A K 1870 LAKEPOINT DRIVE BARTOW, FL 33830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD VICKERS, ANNIE J 715 SOUTH FLORAL AVENUE BARTOW, FL 33830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KERNEN, MARK 1736 CAROLINA COURT BARTOW, FL 33830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUFFEY, BETTY J 1495 COOLEDGE AVENUE BARTOW, FL 33830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, SICOTA 6336 HAMPTON POINTE CIRCLE LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Biller, Doris 1870 VALENCIA DRIVE Bartow, FL 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Biller, Doris 1870 VALENCIA DRIVE Bartow, FL 33830	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <b>Brenda K. Fewox</b> <i>Brenda K. Fewox</i> <b>3/6/2007</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					