

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90144 030 \*\*\*\*61.25

**DOCUMENT # 714118**

1. Entity Name  
**TRINITY BAPTIST CHURCH OF LAKE WALES, INC.**



Principal Place of Business  
2601 STATE ROAD 60 EAST  
LAKE WALES, FL 33898

Mailing Address  
2601 STATE ROAD 60 EAST  
LAKE WALES, FL 33898

**40051171**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02112007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-1308978**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLACE, LARRY E**  
**3843 SOUTH SCENIC HIGHWAY**  
**LAKE WALES, FL 33853**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☐ Delete  
NAME **P**  
STREET ADDRESS **WALLACE, LARRY E**  
CITY-ST-ZIP **3843 SOUTH SCENIC HWY**  
**LAKE WALES, FL 33853** Pastor, Pres.

TITLE ☐ Change ☒ Addition  
NAME **Deacon**  
STREET ADDRESS **Henry Fugate**  
CITY-ST-ZIP **3131 Opal Drive**  
**Lake Wales, FL 33898**

TITLE ☒ Delete  
NAME **TBM**  
STREET ADDRESS **KIMBLER, LUTHER**  
CITY-ST-ZIP **273 TOWERWOOD**  
**LAKE WALES, FL**

TITLE ☐ Change ☒ Addition  
NAME **Deacon**  
STREET ADDRESS **Robert Lacy**  
CITY-ST-ZIP **8628 Breeze Hill**  
**Lake Wales, FL 33898**

TITLE ☒ Delete  
NAME **BM**  
STREET ADDRESS **BLACK, ROBERT**  
CITY-ST-ZIP **3721 PALM AVENUE**  
**INDIAN LAKE ESTATES, FL 33855**

TITLE ☐ Change ☒ Addition  
NAME **Deacon**  
STREET ADDRESS **Bobby McCollough**  
CITY-ST-ZIP **5154 Valencia Street**  
**Lake Wales, FL 33898**

TITLE ☐ Delete  
NAME **BM Trustee**  
STREET ADDRESS **JOHNSTON, GEORGE A**  
CITY-ST-ZIP **130 KINGS POND AVENUE**  
**WINTER HAVEN, FL 33880**

TITLE ☐ Change ☒ Addition  
NAME **Deacon**  
STREET ADDRESS **John Upchurch**  
CITY-ST-ZIP **2324 Sunset Pointe Drive**  
**Lake Wales, FL 33898**

TITLE ☐ Delete  
NAME **DD Deacon**  
STREET ADDRESS **EDWARDS, RICK**  
CITY-ST-ZIP **2732 TALL PALM AVENUE**  
**LAKE WALES, FL 33853** Chairman of Board

TITLE ☐ Change ☒ Addition  
NAME **Deacon**  
STREET ADDRESS **David Williams**  
CITY-ST-ZIP **124 Hibiscus Drive**  
**Lake Wales, FL 33898**

TITLE ☐ Delete  
NAME **TBM Deacon**  
STREET ADDRESS **BLOCKER, BILLY**  
CITY-ST-ZIP **357 WALK IN WATER RD**  
**LAKE WALES, FL**

TITLE ☐ Change ☒ Addition  
NAME **Trustee**  
STREET ADDRESS **Marco Festa**  
CITY-ST-ZIP **403 Tiger Lake Road**  
**Lake Wales, FL 33898**

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: **REV. LARRY E WALLACE** *Rev. Larry E Wallace* **3/15/07** **863-676-6872**


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT

<b>DOCUMENT # 714118</b> 1. Entity Name <b>TRINITY BAPTIST CHURCH OF LAKE WALES, INC.</b>					
Principal Place of Business 2601 STATE ROAD 60 EAST LAKE WALES, FL 33898			Mailing Address 2601 STATE ROAD 60 EAST LAKE WALES, FL 33898		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1308978</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WALLACE, LARRY E</b> <b>3843 SOUTH SCENIC HIGHWAY</b> <b>LAKE WALES, FL 33853</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to</b> <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	P WALLACE, LARRY E 3843 SOUTH SCENIC HWY LAKE WALES, FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Henry Gotsch PO Box 285 Lake Hamilton, Fl 33851	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TBM KIMBLER, LUTHER 273 TOWERWOOD LAKE WALES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee T.F. Martin 1426 Thousand Roases Drive S Lake Wales, Fl 33898	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM BLACK, ROBERT 3721 PALM AVENUE INDIAN LAKE ESTATES, FL 33855	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Don Rood 1040 Hwy 27 Lot H-7 Frostproof, fl 33843	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM JOHNSTON, GEORGE A 130 KINGS POND AVENUE WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Trustee Fred Shell 32 Cypress Run Haines City, Fl 33844	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD EDWARDS, RICK 2732 TALL PALM AVENUE LAKE WALES, FL 33853	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TBM BLOCKER, BILLY 357 WALK IN WATER RD LAKE WALES, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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.					
<b>SIGNATURE: <u>Rev. Larry E. Wallace</u> <u>Rev. Amy E. Waller</u> <u>2/16/07</u> <u>863-676-6872</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					