


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90021 005 \*\*\*\*61.25

|   |                        |  |  |   |  |
|---|------------------------|--|--|---|--|
| <b>DOCUMENT # 714118</b>  |                        |  |  |                        |  |
| <b>1. Entity Name</b><br>TRINITY BAPTIST CHURCH OF LAKE WALES, INC.   |                        |  |  |   |  |
| <b>Principal Place of Business</b><br>2601 STATE ROAD 60 EAST<br>LAKE WALES, FL 33898   |                        |  | <b>Mailing Address</b><br>2601 STATE ROAD 60 EAST<br>LAKE WALES, FL 33898  |   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |                        | <b>3. Mailing Address</b>  |  |   |  |
| Suite, Apt. #, etc.   |                        | Suite, Apt. #, etc.  |  |   |  |
| City & State  |                        | City & State   |  | 04012008    Chg-NP    CR2E037 (12/06)   |  |
| Zip   |                        | Country  |  | <b>4. FEI Number</b><br>59-1308978  |  |
|   |                        |  |  | Applied For<br>Not Applicable   |  |
|   |                        |  |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required.</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>  |                        |  | <b>7. Name and Address of New Registered Agent</b>   |   |  |
| WALLACE, LARRY E<br>3843 SOUTH SCENIC HIGHWAY<br>LAKE WALES, FL 33853   |                        |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="text-align: right;">FL    Zip Code</div> |   |  |
| <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.</b>  |                        |  |  |   |  |
| SIGNATURE _____<br><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><br><b>Due by May 1, 2008</b>   |                        | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |  |
|   |                        |  |  | <b>Make check payable to</b><br><b>Florida Department of State</b>                                      |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |                        |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE   | P                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| NAME  | WALLACE, LARRY E       |  | NAME   |   |  |
| STREET ADDRESS  | 3843 SOUTH SCENIC HWY  |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | LAKE WALES, FL 33853   |  | CITY-ST-ZIP  |   |  |
| TITLE   | D                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| NAME  | FUGATE, HENRY          |  | NAME   |   |  |
| STREET ADDRESS  | 3131 OPAL DRIVE        |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | LAKE WALES, FL 33898   |  | CITY-ST-ZIP  |   |  |
| TITLE   | D                      | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| NAME  | LACY, ROBERT           |  | NAME   |   |  |
| STREET ADDRESS  | 8628 BREEZE HILL       |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | LAKE WALES, FL 33898   |  | CITY-ST-ZIP  |   |  |
| TITLE   | BM                     | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| NAME  | JOHNSTON, GEORGE A     |  | NAME   |   |  |
| STREET ADDRESS  | 130 KINGS POND AVENUE  |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | WINTER HAVEN, FL 33880 |  | CITY-ST-ZIP  |   |  |
| TITLE   | DD                     | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| NAME  | EDWARDS, RICK          |  | NAME   |   |  |
| STREET ADDRESS  | 2732 TALL PALM AVENUE  |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | LAKE WALES, FL 33853   |  | CITY-ST-ZIP  |   |  |
| TITLE   | TBM                    | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                       |  |
| NAME  | BLOCKER, BILLY         |  | NAME   |   |  |
| STREET ADDRESS  | 357 WALK IN WATER RD   |  | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | LAKE WALES, FL         |  | CITY-ST-ZIP  |   |  |
| <b>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> |                        |  |  |   |  |
| <b>SIGNATURE:</b> <i>Rev. Larry E. Wallace</i> <i>Rev Larry E Wallace</i> <i>4/1/08</i> <i>863-676-6872</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>   |                        |  |  |   |  |