


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90056 022 ****61.25

DOCUMENT # 715500

1. Entity Name
SOUTH LAKE WALES CHURCH OF GOD, INC.



Principal Place of Business
**210 PRESIDENTS DRIVE
 LAKE WALES, FL 33859**

Mailing Address
**210 PRESIDENTS DRIVE
 LAKE WALES, FL 33859**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

01052006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1571649

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

**WELTON, FLOYD
 19 FT CLINCH HEIGHTS RD
 FROSTPROOF, FL 33843**

7. Name and Address of New Registered Agent

Name **COLLINS, BARBARA P.**

Street Address (P.O. Box Number is Not Acceptable)
243 JACK PINE STREET

City **LAKE WALES** FL Zip Code **33859**

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: *Barbara P. Collins* DATE: *Feb. 14, 2006*

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, 2006

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

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHINSKI, MATT 1860 SOUTH HIGHLAND PARK DRIVE LAKE WALES, FL 33898 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COLLINS, BARBARA 243 JACK PINE STREET LAKE WALES, FL 33859 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D METCELFE, WILLIAM 510 CANAL DRIVE LAKE WALES, FL 33859 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WELTON, FLOYD 19 FT CLINCH HEIGHTS RD FROSTPROOF, FL 33843 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NEWCOMER, BEN 202 TAFT STREET LAKE WALES, FL 33859 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARTINGTON, GERALD 150 NORTH DRIVE LAKE WALES, FL 33859 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP DARR, STEVEN 335 NORTH LAKE CIRCLE LAKE WALES, FL 33859 | <input type="checkbox"/> Change <input checked="" 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: *Barbara P. Collins* DATE: *Feb. 14, 2006* DAYTIME PHONE #: *863-638-1019*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BARBARA P. COLLINS