


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90008 015 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03152007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1571649	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COLLINS, BARBARA P 243 JACK PINE ST LAKE WALES, FL 33859			Name Nichols, Ken		
			Street Address (P.O. Box Number is Not Acceptable)		
			1424 Morningside Drive		
			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		<i>Ken Nichols</i>		<i>Ken Nichols</i>	
		Signature, typed or printed name of registered agent and title if applicable.		DATE 03-25-2007	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTINGTON, GERALD		NAME		
STREET ADDRESS	150 NORTH DR		STREET ADDRESS		
CITY-ST-ZIP	LAKE WALES, FL 33859		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLLINS, BARBARA		NAME	Nichols, Ken	
STREET ADDRESS	243 JACK PINE STREET		STREET ADDRESS	1424 Morningside Drive	
CITY-ST-ZIP	LAKE WALES, FL 33859		CITY-ST-ZIP	Lake Wales, FL 33859	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METCELFE, WILLIAM		NAME	Metcalfe, William	
STREET ADDRESS	510 CANAL DRIVE		STREET ADDRESS	510 Canal Drive	
CITY-ST-ZIP	LAKE WALES, FL 33859		CITY-ST-ZIP	Lake Wales, FL 33859	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WELTON, FLOYD		NAME	Meadows, Dawn	
STREET ADDRESS	19 FT CLINCH HEIGHTS RD		STREET ADDRESS	4738 MacDonald Street	
CITY-ST-ZIP	FROSTPROOF, FL 33843		CITY-ST-ZIP	Lake Wales, FL 33859	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWCOMER, BEN		NAME	Buehner, Paul	
STREET ADDRESS	202 TAFT STREET		STREET ADDRESS	447 North Crooked Lake Drive	
CITY-ST-ZIP	LAKE WALES, FL 33859		CITY-ST-ZIP	Babson Park, FL 33827	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARR, STEVEN		NAME	Darr, Steven	
STREET ADDRESS	335 N LAKE CIR		STREET ADDRESS	335 N Lake Circle	
CITY-ST-ZIP	LAKE WALES, FL 33859		CITY-ST-ZIP	Lake Wales, FL 33859	
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: <i>Ken Nichols</i>		Ken Nichols		03-25-2007	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
				Daytime Phone #	