


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # 715500 1. Entity Name SOUTH LAKE WALES CHURCH OF GOD, INC.	
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Principal Place of Business 210 PRESIDENTS DRIVE LAKE WALES, FL 33859	Mailing Address 210 PRESIDENTS DRIVE LAKE WALES, FL 33859
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1571649	Applied For Not Applicable
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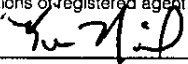
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NICHOLS, KEN  
1424 MORNINGSIDE DRIVE  
LAKE WALES, FL 33859

**DO NOT WRITE IN THIS SPACE**

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:  KEN NICHOLS 2-3-2008  
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, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARTINGTON, GERALD
STREET ADDRESS	150 NORTH DR
CITY-ST-ZIP	LAKE WALES, FL 33859
TITLE	P
NAME	NICHOLS, KEN
STREET ADDRESS	1424 MORNINGSIDE DR
CITY-ST-ZIP	LAKE WALES, FL 33859
TITLE	VP
NAME	METCELFE, WILLIAM
STREET ADDRESS	510 CANAL DRIVE
CITY-ST-ZIP	LAKE WALES, FL 33859
TITLE	D
NAME	MEADOWS, DAWN
STREET ADDRESS	4738 MACDONALD STREET
CITY-ST-ZIP	LAKE WALES, FL 33859
TITLE	D
NAME	BUEHNER, PAUL
STREET ADDRESS	447 NORTH CROOKED LAKE DR
CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	D
NAME	DARR, STEVEN
STREET ADDRESS	335 N LAKE CIR
CITY-ST-ZIP	LAKE WALES, FL 33859

U00000819591  
 02/15/08-80090-009 61.25

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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:  KEN NICHOLS 2-3-2008 <sup>863-</sup> 291-5854  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #