

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **718262** (9)

1. Corporation Name

LAKE PIERCE BAPTIST CHURCH INCORPORATED

Principal Place of Business

3643 CANAL ROAD
LAKE WALES FL 33853

Mailing Address

C/O FLORENCE DAVIS
325 BREEZE HILL
LAKE WALES FL 33853-7373
US



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

DAVIS, FLORENCE M.
325 BREEZE HILL
LAKE WALES FL 33853

3. Date Incorporated or Qualified

03/24/1970

3a. Date of Last Report

01/26/1995

4. FET Number

NOT APPLICABLE

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes.



Yes



No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office, or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(If the filer is not the registered agent, sign and print the name of the

(If the Registered Agent Signature is required when submitting

DATE

12. OFFICERS AND DIRECTORS

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

NAME

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11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 recorder or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **FLORENCE M. DAVIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18, 1996 941-696-1585
Date Date of Filing

CR2E037 (12/95)