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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718262** (9)

1. Corporation Name

LAKE PIERCE BAPTIST CHURCH INCORPORATED

Principal Place of Business

Mailing Address

**3643 CANAL ROAD
LAKE WALES FL 33853**

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



3. Date Incorporated or Qualified 03/24/1970	3a. Date of Last Report 01/26/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number NOT APPLICABLE	Applied For ☐ Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	85. Zip Code FL

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, FLORENCE M.	1.2 NAME	
STREET ADDRESS	325 BREEZE HILL	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	D	2.2 NAME	
STREET ADDRESS	SHELTON, TERRY	2.3 STREET ADDRESS	
CITY-ST-ZIP	858 SADDLE OAK DR WINTER HAVEN FL	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DS	3.2 NAME	
STREET ADDRESS	PARRISH, BONNIE	3.3 STREET ADDRESS	
CITY-ST-ZIP	131 AVE D SE WINTER HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver 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* **FLORENCE M. DAVIS** 2/24/97 1-941-696-1585

CR2E037 (9/96)