2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 718262

1. Entity Name
LAKE PIERCE BAPTIST CHURCH INCORPORATED

Principal Place of Business	Mailing Address
3643 CANAL ROAD LAKE WALES FLA. 33853	POST OFFICE BOX 768 LAKE WALES, F; 33853 US

01122004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TURNER, GAYLE
6 RANCH TRAIL ROAD
HAINES CITY, FL 33844

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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 No changes 1-22-04
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, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	KIRKLAND, RANDY
STREET ADDRESS	2619 SNAPPING TURTLE DRIVE
CITY-ST-ZIP	LAKE WALES,, FL 33898
TITLE	DT
NAME	TURNER, GAYLE
STREET ADDRESS	6 RANCH TRAIL ROAD
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	D
NAME	PETTETT, SHIRLEY
STREET ADDRESS	5501 JENNINGS ROAD
CITY-ST-ZIP	HAINES CITY, FL 33844
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/04-80059-004 70.00

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12. I 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 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: Gayle Turner / GAYLE TURNER 1-22-04 863 4397509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #