



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 A
Secretary of State

DOCUMENT # 718262			
1. Entity Name LAKE PIERCE BAPTIST CHURCH INCORPORATED			
Principal Place of Business 3643 CANAL ROAD LAKE WALES FLA, 33853	Mailing Address POST OFFICE BOX 768 LAKE WALES, F; 33853 US		
DO NOT WRITE IN THIS SPACE			
		02192007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
TURNER, GAYLE 6 RANCH TRAIL ROAD HAINES CITY, FL 33844		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETTETT, DONALD 5501 JENNINGS ROAD HAINES CITY, FL 33844		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TURNER, GAYLE 6 RANCH TRAIL ROAD HAINES CITY, FL 33844		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETTETT, SHIRLEY 5501 JENNINGS ROAD 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			
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>Gayle Turner</i> GAYLE TURNER		Date: <i>2-24-07</i> 863 Daytime Phone: <i>4397509</i>	