


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 720287 1. Entity Name ANTIOCH BAPTIST CHURCH OF EAGLE LAKE, INC.	
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Principal Place of Business 4335 TRANSPORT RD. BARTOW, FL 33830	Mailing Address P.O. BOX 1113 EAGLE LAKE, FL 33839 US
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04122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2366033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANCE, KENNETH  
 300 GERBER DAIRY RD  
 WINTER HAVEN, FL 33880

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BOTTOMS, L.G. 4650 SANHEATH LANE BARTOW, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LONG, ELOISE 116 LICHTEN WALTER RD. WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD DARLEY, STEPHEN REV 4335 TRANSPORT RD BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CVD DARLEY, CATHERIN 4335 TRANSPORT BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000521273  
 05/02/06-80127-023 61.25

**DO NOT WRITE IN THIS SPACE**

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: Eloise Long 4/14/06 863-6665-4434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #