

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720587

**FILED**  
**Jan 14, 2012**  
**Secretary of State**

**Entity Name:** WHIDDON LAKE PRIMATIVE BAPTIST CHURCH, OF IVAN, FLORIDA, INC.

**Current Principal Place of Business:**

367 WHIDDON LAKE RD  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

122 KASEY LANE  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

**FEI Number:** 59-2982586

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRICKLAND, EVON MRS  
122 KASEY LANE  
CRAWFORDVILLE, FL 32327 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TR  
Name: STRICKLAND, BOBBY  
Address: 108 COLEMAN ROAD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TR  
Name: DALLIS, ALLEN  
Address: 1822 CRAWFORDVILLE HIGHWAY  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TR  
Name: RAKER, MAURICE  
Address: 1003 LONNIE RAKER LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TR  
Name: RAKER, JANIE  
Address: 1087 LONNIE RAKER LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: DE  
Name: STRICKLAND, WAYNE  
Address: 122 KASEY LANE  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MRS. EVON STRICKLAND

CLER

01/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date