

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90008 036 ****61.25

DOCUMENT # 721363 1. Entity Name PRAIRIE LAKE BAPTIST CHURCH, INC.			
Principal Place of Business 414 RIDGE ROAD FERN PARK, FL 32730		Mailing Address 414 RIDGE ROAD FERN PARK, FL 32730	
2. Principal Place of Business 2318 Fieldingwood Rd Suite, Apt. #, etc.		3. Mailing Address P.O. Box 300768 Suite, Apt. #, etc.	
City & State Maitland FL Zip 32751		City & State Fern Park, FL Zip 32730	
Country USA		Country USA	
4. FEI Number 59-1468515		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, DONNA KAY 414 RIDGE RD FERN PARK, FL 32730		7. Name and Address of New Registered Agent Name 2318 Fieldingwood Road Street Address (P.O. Box Number is Not Acceptable) City Maitland FL Zip Code 32751	
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 <u><i>Donna Kay Johnson</i></u> DATE <u><i>July 12, 2004</i></u> <small>Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when restate.)</small>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, JIMMY 414 RIDGE RD FERN PARK, FL	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUGH, SCOTT D 414 RIDGE RD FERN PARK, FL 32730	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ANDRAE 414 RIDGE ROAD FERN PARK, FL 32730	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Delete	
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: <u><i>Rev. Jimmy Johnson</i></u> DATE <u><i>July 12, 2004</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	