

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 726181

1. Entity Name
441 BAPTIST CHURCH OF OKEECHOBEE, FLORIDA,
INC.



Principal Place of Business

18387 US HWY 441 N
POB 1712
OKEECHOBEE, FL 34973

Mailing Address

18387 US HWY 441 N
POB 1712
OKEECHOBEE, FL 34973



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2290156

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAWRENCE, RONNIE
150 N.W. 102ND ST.
OKEECHOBEE, FL 33472

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

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, 2005**

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
S
BURNETT, KIM
177 SE 13 AVE
OKEECHOBEE, FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BURNETT, KIM E
177 SE 13 AVE
OKEECHOBEE, FL 34974

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CALHOUN, AUDREY
1244 NW 98TH ST.
OKEECHOBEE, FL 34972

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
LAWRENCE, RONNIE
150 NW 102 ST.
OKEECHOBEE, FL 33472

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000189615
01/24/05-80102-014 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-05 803-467-0600