


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90041 012 \*\*\*\*61.25

**DOCUMENT # 726570**

1. Entity Name  
**LAKE OSBORNE CONTINUING PRESBYTERIAN CHURCH, INC**



Principal Place of Business  
 2101 6TH AVENUE SOUTH  
 POBOX 1623  
 LAKE WORTH, FL 33460

Mailing Address  
 2101 6TH AVENUE SOUTH  
 POBOX 1623  
 LAKE WORTH, FL 33460

94060289



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01062004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-0895174**

Applied For  
 Not Applicable

Zip Country Zip Country

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

**6. Name and Address of Current Registered Agent**

**SMILEY, JUDITH F.**  
**1950 LAKE OSBORNE DR.**  
**LAKE WORTH, FL 33461**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2004**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, WILLIAM R.	
STREET ADDRESS	260 N. COUNTRY CLUB DR.	
CITY - ST - ZIP	ATLANTIS, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORRIS, JOHN	
STREET ADDRESS	338 KNOTTY PINE CIRCLE #A-2	
CITY - ST - ZIP	LAKE WORTH, FL 33463	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCKEE, WILLIAM A	
STREET ADDRESS	1416 LAKE COURT SOUTH	
CITY - ST - ZIP	LAKE WORTH, FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Wade	
STREET ADDRESS	2636 Meadow Road	
CITY - ST - ZIP	West Palm Beach, FL 33406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:** William R Campbell **4/20/04** **561-582-5686**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

William R. Campbell, President of the Church Corporation