

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90026 028 \*\*\*\*61.25



**DOCUMENT # 726570**  
 1. Entity Name  
**LAKE OSBORNE CONTINUING PRESBYTERIAN CHURCH, INC**

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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

1st MOORE CR2E037 (10/06)

4. FEI Number **59-0895174** Applied For  
 Not Applicable  
 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 **Smiley, Judith F.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3850 Max Place Apt. 205**  
 City **Boynton Beach** FL Zip Code **33436**

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 *Judith F. Smiley* **Judith F. Smiley** **3/13/07**  
(Signature, typed or printed name of registered agent or title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	STD	<input type="checkbox"/> Delete
NAME	WADE, DAVID	
STREET ADDRESS	2636 MEADOW ROAD	
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		<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 exemptions contained in Section 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: *William R. Campbell* **William R. Campbell** **3/13/07** **561-582-5686**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #