



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2007 8:00 am
Secretary of State

08-21-2007 90006 010 ****61.25

DOCUMENT # 728660 1. Entity Name LOCK HAVEN BAPTIST CHURCH OF BOGGY CREEK COMMUNITY					
Principal Place of Business 14246 BOGGY CREEK RD ORLANDO, FL 32824			Mailing Address 14246 BOGGY CREEK RD ORLANDO, FL 32824		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		08132007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1439199	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JONES, DAVID B 3510 HILLIARD ISLE ROAD KISSIMMEE, FL 34744			7. Name and Address of New Registered Agent Name JONES, DAVID B. Street Address (P.O. Box Number is Not Acceptable) 1309 EMMETT ST KISSIMMEE, FL City FL Zip Code 34741		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$81.25 Due by September 14, 2007		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 JONES, DAVID 3510 HILLIARD ISLE ROAD KISSIMMEE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1309 EMMETT ST KISSIMMEE, FL 34741	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BARKLEY, LEE 4007 ORANGE BLOSSOM TR. KISSIMMEE, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAVID B BURNET, ROBERT 1206 Lehigh St Kissimmee, FL 34744 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>David B. Jones</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8-14-07 (407) 873-2853 <small>Date Daytime Phone #</small>		