

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 08:00 AM
Secretary of State

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| 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 |



01222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-1439199 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent JONES, DAVID B 1309 EMMETT ST KISSIMMEE, FL 34741 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JONES, DAVID 1309 EMMETT ST KISSIMMEE, FL 34741 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BARKLEY, LEE 4007 ORANGE BLOSSOM TR. KISSIMMEE, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BURNLEY, ROBERT 1206 LEHIGH ST KISSIMMEE, FL 34744 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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02/05/08-80086-021 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *David Jones* **1-22-08** **(407) 851-5420**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #