## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #730443**

1. Entity Name
FIRST BAPTIST CHURCH OF WAVERLY
INCORPORATED



Apr 29, 2005 8:00 am Secretary of State 04-29-2005 90208 014 \*\*\*\*61.25

**FILED** 

INCORPORATED				TE SE						
706 S ORANGE AVE P.O. 80X 296 P.O		Mailing Address PO BOX 296 P.O. BOX 296 WAVERLY, FL 33877	PO BOX 296 P.O. BOX 296		2 (1951) (1972)	120 <b>23</b> 10 <b>3100 8100</b> 111	1 A 1872 B 1872 B 1873	LIN 171: 212	AKAN BA MENI	
2. Principal Place of Business 3. M.		3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04152005	Chg-NP	CR2E03	7 (10/03)		
City & State		City & State	City & State		4. FEI Number 59-1932				oplied For ot Applicable	
Zip	Country Zip Co		Country		Certificate of Status Desired					
	6. Name and Address of Current	Registered Agent			7. Name and /	Address of New R	egistered A	gent		
HALL, CHARLES			Nam	Name						
242 LAKE MABLE LOOP ROAD LAKE WALES, FL 33853			Stree	t Address (	(P.O. Box Number	is Not Acceptable	)			
			City				FL	Zip Cod	e	
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								miliar with.	and accept	
the obligat	ions of registered agent.			· · - <b>G</b> · - · - ·		,				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent si	anature required	d when reinstating)		DATE			
						<del></del>				
Filing Fee is \$61.25 9. Election Camp Due by May 1, 2005 Trust Fund Co										
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHA	L NGES TO OFFICE	RS AND DIR	ECTORS IN	110	
TITLE	T	Delete	TITLE					☐ Change	☐ Addition	
NAME	BAYLON, TRACI		NAME							
STREET ADORESS CITY-ST-ZIP	2422 HUGGINS RD.		STREET ADDRES	SS		•				
	PD LAKE WALES, FL 33853		CITY-ST-ZIP							
TITLE NAME	HALL, CHARLES	☐ Detete	TITLE NAME					☐ Change	Addition	
STREET ADDRESS	242 LAKE MABLE LOOP RD		STREET ADORES	<sub>ss</sub>					į	
CITY-ST-ZIP	LAKE WALES, FL		CITY-ST-ZIP	-						
TITLE	D	☐ Delete	TITLE		<del></del>			Change	☐ Addition	
NAME	DURHAM, DAVID T		NAME							
STREET ADORESS	524 KAOLIN ST.		STREET ADDRES	is						
CITY-ST-ZIP	WAVERLY, FL 33877		CITY-ST-ZIP							
TITLE	D	Delete	TITLE	Mar	·K Corei Mountain	4	D	Change	<b>→</b> #ddition	
NAME STREET ADDRESS	JOHNSON, WILLIAM C PO BOX 450		NAME STREET ADDRES	211	Mountain	₹ <b>5</b> ŧ.				
CITY-ST-ZIP	WAVERLY, FL 33877		CITY-ST-ZIP	Bab:	son Park, i	FL 23827				
TITLE		☐ Delete	TITLE			3,5		☐ Change	Addition	
NAME		_	NAME	Į						
STREET ADDRESS			STREET ADDRES	ss						
			•	ŀ						
CITY-ST-ZIP			CITY-ST-ZIP							
TITLE		☐ Delete	TITLE	+				☐ Change	☐ Addition	
TITLE NAME		C. Deleta	TITLE NAME					☐ Change	☐ Addition	
TITLE		□ Delete	TITLE	ss				☐ Change	Addition	

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: Levi David & Durham Si

4-27-05

Daytime Phone #