


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 21, 2005 8:00 am**  
**Secretary of State**

06-21-2005 90004 008 \*\*\*\*61.25

<b>DOCUMENT # 732525</b>			
1. Entity Name LEBANON BAPTIST CHURCH, INC., HILLSBOROUGH COUNTY, FLORIDA			
Principal Place of Business 110 NORTH FORBES ROAD PLANT CITY, FL 33566		Mailing Address 110 NORTH FORBES ROAD PLANT CITY, FL 33566	
<i>Lebanon Baptist Ch.</i>			
2. Principal Place of Business		3. Mailing Address <i>110 N. Forbes Rd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Plant City Florida</i>		City & State <i>Florida</i>	
Zip <i>33566</i>		Country	
County <i>Hillsborough</i>		Country	
4. FEI Number 59-2845886		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARFIELD, LEONARD M. 10609 MCINTOSH RD. THONOTOSASSA, FL 33592		7. Name and Address of New Registered Agent Name: <i>MM</i> Street Address (P.O. Box Number is Not Acceptable): City: <b>FL</b> 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: <i>Leonard M Barfield</i> DATE: <i>6/15/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		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 SCHUMACHER, CARL 1003 TANNER RD PLANT CITY, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> BARFIELD, LEONARD M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>10609 MCINTOSH RD</i> <i>THONOTOSASSA FL 33592</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETTYS, TROY JR. <input type="checkbox"/> Delete 253 DOVER RD S DOVER, FL 33527	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOEHRING, DON <input type="checkbox"/> Delete 3815 LESLIE BELL LANE DORER, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORRIS, MILTON <input checked="" type="checkbox"/> Delete 6008 WEST BOB HEAD ROAD PLANT CITY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Tyrone P. Page</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>4617 Fritzsche Rd</i> <i>Dover Fla 33527</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATSON, MARGARET <input type="checkbox"/> Delete 1008 W SWILLEY RD PLANT CITY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHURCHWELL, GLENN <input type="checkbox"/> Delete 3703 EDWARDS RD. PLANT CITY, FL 33567	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 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: <i>Leonard M Barfield</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>6/15/05</i> Daytime Phone #: <i>813-230-3579</i>	