2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State
02-03-2005 90039 029 ****61.25

DOCUMENT # 739834

1. Entity Name

LAKE ELLEN BAPTIST CHURCH, INC.

66004479

1st MOORE CR2E037 (10/04)

Principal Place of Business	Mailing Address
4495 CRAWFORDVILLE HIGHWAY CRAWFORDVILLE FL 32327 US	4495 CRAWFORDVILLE HWY CRAWFORDVILLE FL 32327 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1767647 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JEROME COLVIN, FULTON
49 EMMETT WHALEY RD
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name COLVIN, FULTON JEROME

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 Fulton Jerome Colvin 1/27/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VAUGHN, BOBBY 235 LONGLEAF DR CRAWFORDVILLE FL 32327	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Scott, Michael 240 Woodrich Road Crawfordville FL 32327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TC HAYS, DANIEL M 329 BOSTIC PELT RD CRAWFORDVILLE FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JEROME COLVIN, FULTON 49 EMMETT WHALEY RD CRAWFORDVILLE FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition COLVIN, FULTON JEROME
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EUGENE CAMP, IVAN 313 CASORA DR CRAWFORDVILLE FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition CAMP, IVAN EUGENE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PILKINTON, MARCUS 160 SHADOW OAK CIRCLE CRAWFORDVILLE FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CRUM, DERRICK 208 COUNTRY CLUB DR CRAWFORDVILLE FL 32327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Daniel M Hays 3-8-05 850-926-7730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TRUSTEE CHAIRMAN Daytime Phone #