2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State
02-05-2007 90097 042 ****61.25

DOCUMENT # 739834

1. Entity Name

LAKE ELLEN BAPTIST CHURCH, INC.

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

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	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	7. Name and Address of New Registered Agent
COLVIN, FULTON JEROME 49 EMMETT WHALEY RD CRAWFORDVILLE FL 32327	Name 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 1/29/07
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, 2007

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 SCOTT, MICHAEL 240 WOODRICH ROAD CRAWFORDVILLE FL 32327	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TC BRUCE, LARRY 2900 COASTAL HWY CRAWFORDVILLE FL 32327	☐ Delete	TRUSTEE BRUCE, LARRY 2900 COASTAL HIGHWAY CRAWFORDVILLE FL 32327	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T COLVIN, FULTON JEROME 49 EMMETT WHALEY RD CRAWFORDVILLE FL 32327	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T CAMP, IVAN EUGENE 313 CASORA DR CRAWFORDVILLE FL 32327	☒ Delete	TRUSTEE CHAIRMAN VAUGHN, BOB 235 LONG LEAF DR. CRAWFORDVILLE, FL 32327	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T FLETCHER, JOHN 356 BOSTIC PELT RD CRAWFORDVILLE FL 32327	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T CRUM, DERRICK 208 COUNTRY CLUB DR CRAWFORDVILLE FL 32327	☒ Delete	TRUSTEE HAYS, DAN 329 BOSTIC PELT ROAD CRAWFORDVILLE, FL 32327	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Fulton Jerome Colvin 1/29/07 850-926-5265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #