



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

FILED
Aug 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 742312 1. Entity Name FIRST SOUTHERN BAPTIST CHURCH OF LADY LAKE, INC.					
Principal Place of Business Mailing Address 2933 GRIFFIN VIEW DR 2933 GRIFFIN VIEW DR P.O. BOX 185 P.O. BOX 185 LADY LAKE FL 32159 LADY LAKE FL 32159					
2. Principal Place of Business		3. Mailing Address		2nd MOORE CR2E037 (5/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2276059 Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMITH, QUINDE 714 MCKENZIE STREET LEESBURG FL 34748				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: 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	SMITH, QUINDE <input type="checkbox"/> Delete	TITLE	1100000376364 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/15/05-80002-014 61.25		
NAME	714 MCKENZIE ST	NAME			
STREET ADDRESS	LEESBURG FL 34748	STREET ADDRESS			
CITY- ST- ZIP	VD	CITY- ST- ZIP			
TITLE	SMITH, EMORY <input type="checkbox"/> Delete	TITLE			
NAME	101 FERN DE	NAME			
STREET ADDRESS	LEESBURG FL 34748	STREET ADDRESS			
CITY- ST- ZIP	SD	CITY- ST- ZIP			
TITLE	ZAHN, DEBBIE <input type="checkbox"/> Delete	TITLE			
NAME	915 APRIL HILL DR	NAME			
STREET ADDRESS	LADY LAKE FL 32158	STREET ADDRESS			
CITY- ST- ZIP	D	CITY- ST- ZIP			
TITLE	MANES, PAT <input type="checkbox"/> Delete	TITLE			
NAME	2509 TECUMSEH AVE	NAME			
STREET ADDRESS	LEESBURG FL 34748	STREET ADDRESS			
CITY- ST- ZIP	TD	CITY- ST- ZIP			
TITLE	DENBY, DELORES <input type="checkbox"/> Delete	TITLE			
NAME	PO BOX 120 -244 SKYLINE DR	NAME			
STREET ADDRESS	LADY LAKE FL 32159	STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
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: 