

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 742312

1. Entity Name

FIRST SOUTHERN BAPTIST CHURCH OF LADY LAKE,
INC.



Principal Place of Business

2933 GRIFFIN VIEW DR
P.O. BOX 185
LADY LAKE FL 32159

Mailing Address

2933 GRIFFIN VIEW DR
P.O. BOX 185
LADY LAKE FL 32159



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2276059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, QUINDE
714 MCKENZIE STREET
LEESBURG FL 34748

7. Name and Address of New Registered Agent

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE P ☐ Delete
NAME SMITH, QUINDE
STREET ADDRESS 714 MCKENZIE ST
CITY-ST-ZIP LEESBURG FL 34748

TITLE VD ☐ Delete
NAME SMITH, EMORY
STREET ADDRESS 101 FERN DE
CITY-ST-ZIP LEESBURG FL 34748

TITLE SD ☐ Delete
NAME ZAHN, DEBBIE
STREET ADDRESS 915 APRIL HILL DR
CITY-ST-ZIP LADY LAKE FL 32158

TITLE D ☐ Delete
NAME MANES, PAT
STREET ADDRESS 2509 TECUMSEH AVE
CITY-ST-ZIP LEESBURG FL 34748

TITLE TD ☐ Delete
NAME DENBY, DELORES
STREET ADDRESS PO BOX 120 -244 SKYLINE DR
CITY-ST-ZIP LADY LAKE FL 32159

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 *Quinde Smith*

02/09/06 02:29:11