2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2007 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 P.O. BOX 185 LADY LAKE, FL 32159	2933 GRIFFIN VIEW DR P.O. BOX 185 LADY LAKE, FL 32159

DO NOT WRITE IN THIS SPACE

07162007 No Chg-NP CR2E037 (4/06)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, QUINDE
STREET ADDRESS	714 MCKENZIE ST
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	VD
NAME	SMITH, EMORY
STREET ADDRESS	101 FERN DE
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	SD
NAME	ZAHN, DEBBIE
STREET ADDRESS	915 APRIL HILL DR
CITY-ST-ZIP	LADY LAKE, FL 32158
TITLE	D
NAME	MANES, PAT
STREET ADDRESS	2509 TECUMSEH AVE
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	TD
NAME	DENBY, DELORES
STREET ADDRESS	PO BOX 120 -244 SKYLINE DR
CITY-ST-ZIP	LADY LAKE, FL 32159
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/03/07-80002-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Debbie Zahn 7/31/07 3527603924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #