

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742312

FILED
Sep 16, 2009
Secretary of State

Entity Name: FIRST SOUTHERN BAPTIST CHURCH OF LADY LAKE, INC.

Current Principal Place of Business:

2933 GRIFFIN VIEW DR
LADY LAKE, FL 32159

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2276059 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, QUINDE
714 MCKENZIE STREET
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, QUINDE
Address: 714 MCKENZIE ST
City-St-Zip: LEESBURG, FL 34748

Title: VD () Delete
Name: SMITH, EMORY
Address: 101 FERN DE
City-St-Zip: LEESBURG, FL 34748

Title: SD () Delete
Name: ZAHN, DEBBIE
Address: 915 APRIL HILL DR
City-St-Zip: LADY LAKE, FL 32158

Title: D () Delete
Name: MANES, PAT
Address: 2509 TECUMSEH AVE
City-St-Zip: LEESBURG, FL 34748

Title: TD () Delete
Name: DENBY, DELORES
Address: PO BOX 120 -244 SKYLINE DR
City-St-Zip: LADY LAKE, FL 32159

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: CALLAHAN, ROBERT
Address: 937 EAST THIRD AVE
City-St-Zip: MOUNT DORA, FL 32757

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: SMITH, ANGIE
Address: 101 NORTH FERN DRIVE
City-St-Zip: LEESBURG, FL 34748

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: QUINDE SMITH

P

09/16/2009

Electronic Signature of Signing Officer or Director

Date