

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 745335**

1. Entity Name  
**LAKE BRADFORD BAPTIST CHURCH, INC.**



Principal Place of Business  
**3024 S. LAKE BRADFORD ROAD  
TALLAHASSEE, FL 32310 US**

Mailing Address  
**3024 S. LAKE BRADFORD ROAD  
TALLAHASSEE, FL 32310 US**



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3736029**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**PERMAN, EDWIN W JR.  
906 SAN LUIS RIDGE  
TALLAHASSEE, FL 32304**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000224374  
02/10/05-80084-018 70.00

**10. OFFICERS AND DIRECTORS**

TITLE	CD
NAME	MATTHEWS, SARAH
STREET ADDRESS	3866 EDGEWATER DR
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	D
NAME	MATTHEWS, WARREN
STREET ADDRESS	3866 EDGE WATER DR
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	D
NAME	PERRYMAN, EDWIN W., JR.
STREET ADDRESS	906 SAN LUIS RIDGE RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32304
TITLE	T
NAME	BROWN, CINDY
STREET ADDRESS	2975 CATHEDRAL DR
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 affidavit, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05

Date

850-576-4230

Daytime Phone #