

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 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**



03032007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3736029**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

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

**PERRYMAN, 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

**4/15/07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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04/30/07-80009-009 70.00

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/15/07 80-576-4230**