



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90073 011 \*\*\*\*61.25

<b>DOCUMENT # 748825</b> 1. Entity Name <b>GRACE BAPTIST CHURCH OF LAKE WALES, INC.</b>					
Principal Place of Business <b>3530 NORTH SCENIC HIGHWAY LAKE WALES, FL 33853</b>				Mailing Address <b>P.O. BOX 1573 LAKE WALES, FL 33853</b>	
2. Principal Place of Business <b>3530 North Scenic Highway</b> Suite, Apt. #, etc.		3. Mailing Address <b>3530 North Scenic Highway</b> Suite, Apt. #, etc.			
City & State <b>Lake Wales, FL</b>		City & State <b>Lake Wales, FL</b>		4. FEI Number <b>59-2966602</b>	
Zip <b>33898</b>		Country <b>USA (POLK)</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILLAFORD, CECIL F 601 HICKORY HAMMOCK ROAD LAKE WALES, FL 33853</b>				7. Name and Address of New Registered Agent Name <b>Willaford, Cecil F</b> Street Address (P.O. Box Number is Not Acceptable)  <b>53 East Starr Ave.</b> City <b>Lake Wales</b> <b>FL</b> Zip Code <b>33898</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VDS MCCOY, DONALD S 316 WEAVER AVE LAKE WALES, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT WILLAFORD, CECIL 601 HICKORY HAMMOCK ROAD LAKE WALES, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDT Willaford, Cecil 53 East Starr Ave. Lake Wales, FL 33898</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COPE, RONALD 415 AVENUE K N.E. WINTER HAVEN, FL 33881</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u>Cecil F Willaford</u> <span style="float: right;">1/15/2006 (863) 676-5504</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					