


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90019 025 ****61.25

DOCUMENT # 748825 1. Entity Name GRACE BAPTIST CHURCH OF LAKE WALES, INC.					
Principal Place of Business 3530 NORTH SCENIC HIGHWAY LAKE WALES, FL 33898			Mailing Address 3530 NORTH SCENIC HIGHWAY LAKE WALES, FL 33898		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2966602	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLAFORD, CECIL F 53 EAST STARR AVE LAKE WALES, FL 33898				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VDS <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCOY, DONALD S		NAME	MCCOY, DONALD S	
STREET ADDRESS	316 WEAVER AVE		STREET ADDRESS	316 WEAVER AVE.	
CITY-ST-ZIP	LAKE WALES, FL		CITY-ST-ZIP	LAKE WALES, FL33853	
TITLE	PDT <input type="checkbox"/> Delete		TITLE	V/D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLAFORD, CECIL		NAME	WILLAFORD, CECIL	
STREET ADDRESS	53 E STARR AVE		STREET ADDRESS	53 E STARR AVE.	
CITY-ST-ZIP	LAKE WALES, FL 33898		CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	D <input type="checkbox"/> Delete		TITLE	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COPE, RONALD		NAME	COPE, RONALD	
STREET ADDRESS	415 AVENUE K N.E.		STREET ADDRESS	415 AVE. K N.E.	
CITY-ST-ZIP	WINTER HAVEN, FL 33881		CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE	<input type="checkbox"/> Delete		TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	QUINN, SAMUEL	
STREET ADDRESS			STREET ADDRESS	3530 N. SCENIC HWY.	
CITY-ST-ZIP			CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Samuel Quinn</u> <u>Samuel Quinn</u> <u>1/8/08</u> <u>(863)676-2464</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					