

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

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90038 038 ****61.25

DOCUMENT # 749308

1. Entity Name

RETHE MISSIONARY BAPTIST CHURCH OF LAKE



DO NOT WRITE IN THIS SPACE

04012005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, LAVERAL E
515 LEMON AVENUE
LAKE ALFRED, FL 33850

**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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
WILLIAMS, GEORGE REV
822 FRENCH ST.
FT. MEADE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
SANKEY, CHARLIE J DEACON
6211 POLIC CITY ROAD
HAINES CITY, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
EDWARD, EULINE
640 N LAKE SWOOPE
LAKE ALFREDO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
KING, LAVERAL DEACON
515 LEMON AVE
LAKE ALFRED, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
BAITY, JOHN H DEACON
530 LAKE SWOOPE DR
LAKE ALFRED, FL 33850

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BAITY, JOHN H
530 LAKE SQOOPE DR
LAKE ALFRED, FL

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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 address, with all other like empowered.

SIGNATURE:

Laveral King LAVERAL KING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/05 863 2933476

Daytime Phone #