2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2004 8:00 am Secretary of State

	711110712			55	ciciary or s	olale	
DOCUMENT # 750509 1. Entity Name PEOPLES BAPTIST CHURCH OF LAKELAND, INC.					28-2004 90200 010 ***		
Principal Place of Business Mailing Address 4626 S. PIPKIN ROAD 4606 S. PIPKIN RD. LAKELAND, FL 33811 LAKELAND, FL 33811				1 (88)() (882) 8 (() 81(8) 8 ()		 1 1 1	
2. Principal Place of Business		3. Mailing Address 2336 CREEKSIDE DR.					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04272004 Chg-NP	CR2E037 (10/03)		
City & State		LAKELAND, FL		4. FEI Number 59-1819075	} · · · · · · · · · · · · · · · · · · 	plied For t Applicable	
Zip	Country	33811	Country.S	5. Certificate of Status De	esired \$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		-7. Name and Address of	f New Registered Agent 🗻 👄	·	
JAMES BERRY B. 4606 S. PIPKIN RD. LAKELAND, FL 33811				treet Address (P.O. Box Number is Not Acceptable) 2336 CREEKS IDE DR.			
			City	AKELAND	FL Zip Corl	<u> </u>	
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. **NOVELENE BERRY** SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE			DATE		
SIGNATURE .	Signature, typed or printed name of registered agent in Filling Fee is \$61.25 Due by May 1, 2004		: Registered Agent signature requirements		Make check payable to		
10,	Filing Fee is \$61.25	9. Election Cam Trust Fund C	: Registered Agent signature requirements	\$5.00 May Be Added to Fees		ate	
10.	Filing Fee is \$61.25 Due by May 1, 2004	Election Cam Trust Fund C RECTORS	Registered Agent signature requipaging Financing ontribution.	\$5.00 May Be Added to Fees	Florida Department of St OFFICERS AND DIRECTORS IN	10	
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12. I nereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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.

CICMATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DESIGNED OR DIRECT

4/27/04 (863)646-0424