


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2004 90200 010 ****70.00

DOCUMENT # 750509
 1. Entity Name
PEOPLES BAPTIST CHURCH OF LAKELAND, INC.



Principal Place of Business
 4626 S. PIPKIN ROAD
 LAKELAND, FL 33811

Mailing Address
 4606 S. PIPKIN RD.
 LAKELAND, FL 33811

43044708



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
2336 CREEKSIDE DR.
 Suite, Apt. #, etc.

04272004 Chg-NP CR2E037 (10/03)

City & State
LAKELAND, FL

4. FEI Number
59-1819075

Applied For
 Not Applicable

Zip
33811

Country
U.S.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JAMES BERRY B.
4606 S. PIPKIN RD.
LAKELAND, FL 33811

7. Name and Address of New Registered Agent
 Name
NOVELENE BERRY
 Street Address (P.O. Box Number is Not Acceptable)
2336 CREEKSIDE DR.
 City
LAKELAND FL Zip Code
33811

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 *Novelene Berry* **REGISTERED AGENT** **4/27/04**
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, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BERRY, JAMES B 4606 S PIPKIN ROAD LAKELAND, FL 33811 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MASON, LOWELL 4504 CLEMENTS ROAD LAKELAND, FL 33811 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BERRY, NOVELENE 4606 S. PIPKIN RD. LAKELAND, FL 33811 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| 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"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2336 CREEKSIDE DR. LAKELAND, FL 33811 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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 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: *Novelene Berry* **4/27/04 (863) 646-0424**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #