


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 19, 2007 8:00 am
Secretary of State

06-19-2007 90001 009 ****61.25

DOCUMENT # 755155	
1. Entity Name STARKE LAKE BAPTIST CHURCH, INC.	

Principal Place of Business 611 N WEST STREET P O BOX 520 OCOE FL 34761	Mailing Address 611 N WEST STREET P O BOX 520 OCOE FL 34761
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent MAGILL, PATRICK M 2110 EAST ROBINSON ORLANDO FL 32803	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	<small>DATE</small>
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FILE NOW: FEE IS \$61.25 Due By May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE TR NAME HILL, FINLEY STREET ADDRESS 12104 WALKER POND RD CITY-ST-ZIP WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Delete	TITLE TR NAME Fred Mosley STREET ADDRESS 844 Westcliff Drive CITY-ST-ZIP Winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TR NAME HILL, JOAN STREET ADDRESS 12104 WALKER POND RD CITY-ST-ZIP WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Delete	TITLE TR NAME Shirley Richards STREET ADDRESS 1255 Sandy Cove CITY-ST-ZIP OCOE, FL 34761	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TR NAME SKIPPER, BRIAN STREET ADDRESS 1255 SANDY COVE CITY-ST-ZIP OCOE FL 34761	<input type="checkbox"/> Delete	TITLE TR NAME Brian Skipper STREET ADDRESS 651 Hearth Glen Blvd. CITY-ST-ZIP Winter Garden, FL 34787	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TRC NAME RICHARDS, TERRY STREET ADDRESS 1255 SANDY COVE CITY-ST-ZIP OCOE FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TR NAME VAUGHN, MYRTLE STREET ADDRESS 202 OCOET HILLS RD CITY-ST-ZIP OCOE FL 34761	<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 Section 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>Terry Richards</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>6/23/07</u> <small>Date</small>	<u>407-656-2351</u> <small>Daytime Phone #</small>
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