

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 756771**

1. Entity Name  
**FIRST BAPTIST CHURCH OF LAKE MONROE, INC.**



Principal Place of Business  
**691 COUNTY ROAD 15  
SANFORD, FL 32771 US**

Mailing Address  
**P. O. BOX 470310  
LAKE MONROE, FL 32747-0310**



03232006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2499080**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SWAGGERTY, CHARLES  
202 OAKLAND AVE  
SANFORD, FL 32773**

**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, 2006**

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  
**PD  
SWAGGERTY, CHARLES  
202 OAKLAND AVE  
SANFORD, FL 32773**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SO  
BOYD, NELLIE  
4280 SCHOOL STREET  
SANFORD, FL 32771**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
ARP, BOYD  
305 KIMBERLY COURT  
SANFORD, FL 32771**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TO  
SWINNEY, THOMAS  
5290 MICHIGAN AVE.  
SANFORD, FL 32771**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

110000484931  
04/12/06 60061-025 61.25

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/25/06**

Date

**407 321 7573**

Daytime Phone #