

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90052 033 ****70.00

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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**



03312008 No Chg-NP CR2E037 (4/06)

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, 2008**

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	S SWINNEY, MARY 5240 MICHIGAN AVE 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**

12. 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

Thomas Swinney
Thomas Swinney

4/6/08
Date

407 287 7333
Daytime Phone #