


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90046 011 \*\*\*\*61.25

<b>DOCUMENT # 759263</b> 1. Entity Name HOPE BAPTIST CHURCH OF LAKELAND, INC.					
Principal Place of Business 504 PLATEAU AVENUE LAKELAND, FL 33801			Mailing Address PO BOX 815 LAKELAND, FL 33802		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2131321	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DERRICK, FRANK D 2131 SMITHFIELD CIRCLE SOUTH LAKELAND, FL 33801				Name <u>Stanley R. Jones</u> Street Address (P.O. Box Number is Not Acceptable) <u>640 Walden Ave.</u> City <u>Bartow</u> FL <u>33830</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. SIGNATURE <u><i>Stanley R. Jones</i></u> DATE <u>7-12-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KILBANE, DANIEL 6455 HORIZON POINT DRIVE LAKELAND, FL 33813	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Robert V. Roberts 1611 Monterey Ln. Lakeland, FL 33813	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROYLES, STEVEN 815 FAIRLANE DRIVE LAKELAND, FL 33809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stanley R. Jones 640 Walden Ave. Bartow, FL 33830	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERRICK, CONNIE 2131 SMITHFIELD CIRCLE SOUTH LAKELAND, FL 33801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Terry L. Leahy 5666 El Dorado Ave.. Lakeland, FL 33809	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERRICK, FRANK D 2131 SMITHFIELD CIRCLE SOUTH LAKELAND, FL 33801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sally H. Childs 7717 Nature Trail Lakeland, FL 33809	
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	
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 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: <u><i>Robert V. Roberts</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7/11/05</u> (863) 687-4764 <small>Daytime Phone #</small>		

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