


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90254 033 ****61.25

DOCUMENT # 760655 1. Entity Name LAKE SHIPP BAPTIST CHURCH, INC.					
Principal Place of Business 92 HIGH STREET S W WINTER HAVEN, FL 33880			Mailing Address 92 HIGH STREET S W WINTER HAVEN, FL 33880		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OWENS, DAVID S 3160 BEAUCHAMP CT WINTER HAVEN, FL 33884				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D <input checked="" type="checkbox"/> Delete		TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BILBREY, WAYNE		NAME	BILBREY, LINDA	
STREET ADDRESS	6 MAYS ROAD		STREET ADDRESS	6 MAYS ROAD	
CITY - ST - ZIP	WINTER HAVEN, FL		CITY - ST - ZIP	WINTER HAVEN, FL 33880	
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROOKINS, RAY		NAME		
STREET ADDRESS	2450 JOEY DRIVE		STREET ADDRESS		
CITY - ST - ZIP	AUBURNDAL, FL		CITY - ST - ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRISMAN, STEVEN		NAME		
STREET ADDRESS	4401 OLD BARTOW RD		STREET ADDRESS		
CITY - ST - ZIP	LAKE WALES, FL 33859		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Steven E Crisman</u> STEVEN E CRISMAN <u>4/23/08</u> <u>863 293-957V</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					