

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

**FILED  
Jan 06, 2006  
Secretary of State**

DOCUMENT# 765693

Entity Name: BAPTIST TEMPLE OF DUNDEE, INC.

**Current Principal Place of Business:**

CORNER OF CENTER STREET AND LAKE STREET  
C/O PASTOR JIM LYLE, P.O. BOX 937  
DUNDEE, FL 33838

**New Principal Place of Business:**

**Current Mailing Address:**

CORNER OF CENTER STREET AND LAKE STREET  
C/O PASTOR JIM LYLE, P.O. BOX 937  
DUNDEE, FL 33838

**New Mailing Address:**

FEI Number: 59-3154860      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYLE, PASTOR JIM  
CORNER OF CENTER STREET AND LAKE STREET  
DUNDEE, FL 33838      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: OVITT, ELTON  
Address: 30 N 11TH ST  
City-St-Zip: HAINES CITY, FL 33844

Title: D      ( ) Delete  
Name: MOCK, TOMMIE  
Address: 23 E EAGLE LAKE LOOP RD  
City-St-Zip: WINTER HAVEN, FL 33880

Title: DT      ( ) Delete  
Name: DREW, KEN  
Address: 909 EDMUND AVE  
City-St-Zip: DUNDEE, FL 33833

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM LYLE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DR.

01/06/2006

\_\_\_\_\_  
Date