


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 767086 1. Entity Name FIRST BAPTIST CHURCH OF EAGLE LAKE, INC.	
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Principal Place of Business 2500 HWW 17 SOUTH EAGLE LAKE, FL 33839	Mailing Address PO BOX 887 EAGLE LAKE, FL 33839-0887
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DO NOT WRITE IN THIS SPACE



01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1378663	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, LARRY S
6115 LAUREL OAK DR.
LAKELAND, FL 33811

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

400000101853
04/02/04-80030-016 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KIRKLAND, WYNDELL 4616 REYNOSA DR. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS BARBARA L. SUMMERS 11 TERA LANE WINTER HAVEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARY BURD 249 3RD ST. EAGLE LAKE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Barbara L. Summers, Treas. *Barbara L. Summers* **3/31/04** **863 534-1195**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #