

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90028 047 ****70.00

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1. Entity Name
FIRST BAPTIST CHURCH OF EAGLE LAKE, INC.



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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01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1378663 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~TURNER, LARRY S.~~ **Kirkland, Wyndell**
~~6416 LAUREL OAK DR.~~ **4616 Reynosa Dr.**
~~LAKELAND, FL 33811~~ **Winter Haven, Fl. 33880**

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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 *Wyndell Kirkland* **Wyndell Kirkland** **03/10/05**
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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KIRKLAND, WYNDELL
STREET ADDRESS	4616 REYNOSA DR.
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	TS
NAME	BARBARA L. SUMMERS
STREET ADDRESS	11 TERA LANE
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	D
NAME	MARY BURD
STREET ADDRESS	249 3RD ST.
CITY-ST-ZIP	EAGLE LAKE, FL
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* **Barbara L. Summers** **3/10/05** **863 534-1195**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Treasurer