

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90018 050 ****61.25

DOCUMENT # 769028

1. Entity Name

FIRST BAPTIST CHURCH - LAKE GARFIELD, INC.



Principal Place of Business

1170 EIGHTY FOOT ROAD
BARTOW FL 33830

Mailing Address

1170 EIGHTY FOOT ROAD
BARTOW FL 33830

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

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2388465

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, DONALD H JR
BOSWELL & DUNLAP, LLP
245 SOUTH CENTRAL AVE
BARTOW FL 33830

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

T
NAME: ODUM, CONRAD
STREET ADDRESS: 865 W MCLEOD ST
CITY-STATE-ZIP: BARTOW FL 33830 ☐ Delete

VP
NAME: HICKMAN, RON
STREET ADDRESS: 215 PARKWOOD AVE
CITY-STATE-ZIP: BARTOW FL 33830 ☐ Delete

TS
NAME: GANDY, IMOGENE
STREET ADDRESS: 3822 CONNERSVILLE ROAD
CITY-STATE-ZIP: BARTOW FL 33830 ☐ Delete

T
NAME: SEGER, EDWIN
STREET ADDRESS: 4045 SNELL ROAD
CITY-STATE-ZIP: BARTOW FL 33830 ☐ Delete

T
NAME: ANDERSON, JOHN
STREET ADDRESS: P.O. BOX 1393
CITY-STATE-ZIP: BARTOW FL 33831 ☐ Delete

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

T
NAME: Lacleay, Owen
STREET ADDRESS: 290 S. Orange Ave.
CITY-STATE-ZIP: Bartow, FL 33830 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Imogene J. Gandy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-2007 (863) 537-1497

Date

Daytime Phone #