2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2008 8:00 am **DOCUMENT # 769028 Secretary of State** 1. Entity Name 02-25-2008 90063 023 ****61.25 FIRST BAPTIST CHURCH - LAKE GARFIELD, INC. Principal Place of Business Mailing Address 1170 EIGHTY FOOT ROAD BARTOW FL 33830 1170 EIGHTY FOOT ROAD BARTOW FL 33830 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-2388465 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, DONALD H JR Street Address (P.O. Box Number is Not Acceptable) **BOSWELL & DUNLAP, LLP** 245 SOUTH CENTRAL AVE BARTOW FL 33830 Zip Code 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 reinstaining) DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Florida Department of State: Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Addition TITLE ☐ O∉lete Change ODUM, CONRAD NAME NAME 865 W MCLEOD ST STREET ADDRESS STREET ADDRESS BARTOW FL 33830 CITY-ST-ZIP CITY-ST-ZIP VP TITLE ☐ Delete TITLE Change Addition HICKMAN, RON 215 PARKWOOD AVE STREET ADDRESS STREET ADDRESS BARTOW FL 33830 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dolete TITLE ___Change____ Addition GANDY, IMOGENE NAME NAME 3822 CONNERSVILLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BARTOW FL 33830 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE SEGER, EDWIN NAME 4045 SNELL ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BARTOW FL 33830 CITY-ST-ZiP TITLE ☐ Delete TITLE Change Addition ANDERSON, JOHN NAME NAME P.O. BOX 1393 STREET ADDRESS STREET ADDRESS BARTOW FL 33831 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition OWEN, LACKEY LACKEY NAME NAME STREET ADDRESS 290 S. ORANGE AVE. STREET ADDRESS BARTOW FL 33830 CITY-ST-ZIP COY-ST-7IP

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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 outr; 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:

The ma I. Gandy 2-14-08 (863) 537-1497