


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90019 013 ****61.25

DOCUMENT # N02258 1. Entity Name BIG LAKE BAPTIST ASSOCIATION, INC.					
Principal Place of Business 210 NE 7TH ST OKEECHOBEE, FL 34974			Mailing Address 210 NE 7TH ST OKEECHOBEE, FL 34974		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 1203			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Okeechobee, FL		4. FEI Number 59-1462828	
Zip		Zip 34974		Country Okeechobee	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TILLERY, SHERRILL 210 NE 7TH ST OKEECHOBEE, FL 34974			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TILLERY, DIANNE L P.O. BOX 905 MOORE HAVEN, FL 33471	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Thomas, Janelle C. P.O. Box 1203 Okeechobee, FL 34973	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TILLERY, SHERRILL 210 NE 7TH ST OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUCKABEE, RANDY A 401 SW 4TH ST. OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNS, WONDER RT 6 BOX 570A OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWRENCE, RONNIE 2020 S. PARROT AVE. OKEECHOBEE, FL 34974	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Sherrill W. Tillery</i> Sherrill W. Tillery			5/10/07 863-467-6978 <small>Date Daytime Phone #</small>		