


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90059 007 \*\*\*\*61.25

<b>DOCUMENT # N04000002651</b> 1. Entity Name <b>LAKE BALDWIN CHURCH, INC.</b>					
Principal Place of Business <b>3117 EDGEWATER DR ORLANDO, FL 32804</b>			Mailing Address <b>3117 EDGEWATER DR ORLANDO, FL 32804</b>		
2. Principal Place of Business - No P.O. Box # <b>1300 Lake Baldwin Lane</b>		3. Mailing Address <b>1300-B Lake Baldwin Lane</b>			
Suite, Apt. #, etc. <b>Orlando, FL.</b>		Suite, Apt. #, etc. <b>Orlando, FL.</b>			
City & State <b>32814 USA.</b>		City & State <b>32814 USA.</b>			
Zip <b>32814</b>		Country <b>USA.</b>		4. FEI Number <b>20-0871726</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CUNNINGHAM, JAMES O 3117 EDGEWATER DR ORLANDO, FL 32804</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TILLEY, MICHAEL W</b> <b>13018 CRYSTAL COVE DR</b> <b>ORLANDO, FL 32828</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CUNNINGHAM, JAMES O</b> <b>3117 EDGEWATER DR</b> <b>ORLANDO, FL 32804</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALSTED, BRUCE P</b> <b>1625 LAKWMONT AVE</b> <b>ORLANDO, FL 32814</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MIKKELSON, WM, MICHAEL</b> <b>1653 CHASE LANDING WAY</b> <b>WINTER PARK, FL 32789</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JOHNSON, BARTON L</b> <b>1214 TURNER ROAD</b> <b>WINTER PARK, FL 32789</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		

40023920



02202007 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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)

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

**Make check payable to Florida Department of State**

<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TILLEY, MICHAEL W</b> <b>13018 CRYSTAL COVE DR</b> <b>ORLANDO, FL 32828</b>	<input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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:** W. M. Mikkelsen 2/20/07 407.970.4152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #