



**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N05000010903</b> 1. Entity Name <b>LAKE BUFFUM BAPTIST CHURCH, INC.</b>	
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Principal Place of Business <b>6475 LAKE BUFFUM ROAD SOUTH FORT MEADE, FL 33841</b>	Mailing Address <b>6475 LAKE BUFFUM ROAD SOUTH FORT MEADE, FL 33841</b>
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**DO NOT WRITE IN THIS SPACE**



03122007 No Chg-NP CR2E037 (4/06)


4. FEI Number <b>59-2358200</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, TERESA  
990 RHODEN ROAD  
FORT MEADE, FL 33841**

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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  (NOTE: Registered Agent signature required when reinstating)

\_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable DATE

<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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEWIS, RON 3294 LAKE BUFFUM ROAD WEST FORT MEADE, FL 33841</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PRINE, HAROLD 8240 MCCOY ROAD FORT MEADE, FL 33841</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUSS, DAVID 307 NORTH OAK AVE. FORT MEADE, FL 33841</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/12/07-80006-005 61.25

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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:  **3-18-07** **863 225 8844**

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #