2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

12. I hereby certify that the information supplied with this filing does not f

SIGNATURE

DOCUMENT # N05405 1. Entity Name 06 SEP 20 PM 12: 21 LAKEWOOD PARK BAPTIST CHURCH, INC. SECRETARY OF STATE TALL AHASSEE, FLORIDA Principal Figce of Business Mailing Address 721 SYLVAN RAMBLE RD PO BOX 1134 **DAVENPORT FL 33837** DAVENPORT FL 33836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/06) City & State 4. FEI Number Applied For City & State 59-2450408 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HATEM, DINO A SR Street Address (P.O. Box Number is Not Acceptable) 144 HONEYBEE LN POLK CITY FL 33868 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 reinstaling) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By September 6, 2006 Trust Fund Contribution. Added to Fees Florida Department of State Nanca dipatra 10 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 MLE ☐ Delete TITLE ☐ Change Addition HATEM, DINO A SR NAME NAME 900080095099 STREET ADDRESS 144 HONEY BEE LN 09/22/06--01055--004 STREET ADDRESS POLK CITY FL 33868 CATY-ST-73P CITY-ST-7IP D TIT) F Delete TITLE ☐ Change ☐ Addition GRIMES Gregory LANE BARRETT, NEIL G NAME NAME 129 S 30TH ST STREET ADDRESS STREET ADDRESS HAINES CITY FL 33844 CITY-ST-ZIP CITY ST ZIP TITLE ☐ Delete TiliF ☐ Change - Addition SKIGINSKI, DAVE NAME NAME 4 HOLLY DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVENPORT FL 33837** CITY-ST-ZIP ☐ Delete TITLE THE Change Addition HATEM, DANA M NAME NAME STREET ADDRESS 144 HONEY BEE LN STREET ADDRESS POLK CITY FL 33868 CITY-ST-7P CITY-ST-ZIP TILE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I nereby certify that the information supplied with this filing does not dualify 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 gridinat 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 employered to execute gridinat 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 employered to execute gridinate 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 exprowered.

APPRO . AND

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