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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09597

1. Corporation Name

**GOLFVIEW BAPTIST CHURCH OF LAKE WALES, FLORIDA,
INCORPORATED**

Principal Place of Business

107 HIBISCUS DR
LAKE WALES FL 33853
US

Mailing Address

% DR JAMES WADE/MARVIN LACY
107 HIBISCUS DR
LAKE WALES FL 33853
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

06/04/1985

4. FEI Number

59-1171901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LACY, MARVIN
911 EXMOOR WAY
LAKE WALES FL 33853

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box: Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04-21-99

DATE

12. OFFICERS AND DIRECTORS

TITLE TR ☐ DELETE
NAME MCKINNEY, BOBBY
STREET ADDRESS 3125 JASMINE DR
CITY-ST-ZIP LAKE WALES FL 33853

TITLE TR ☒ DELETE
NAME DICKEY, EUGENE
STREET ADDRESS 1217 CODY VILLA ROAD
CITY-ST-ZIP BABSON PARK FL

TITLE TD ☐ DELETE
NAME LEVINS, CLIFFORD
STREET ADDRESS 2441 LAKE FRONT DRIVE
CITY-ST-ZIP LAKE WALES FL

TITLE TR ☐ DELETE
NAME PATTEN, ERNEST
STREET ADDRESS 980 OHLLINGER RD
CITY-ST-ZIP LAKE WALES FL 33827

TITLE T ☐ DELETE
NAME PARHAM, LOUISE
STREET ADDRESS 2501 FOREST DRIVE
CITY-ST-ZIP LAKE WALES FL

TITLE P ☒ DELETE
NAME WADE, JAMES O DR.
STREET ADDRESS 1209 W CODY VILLA RD.
CITY-ST-ZIP BABSON PARK FL 33827

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if change of, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-99

Date

(941)676-5617

Daytime Phone #

CR2E037 (1/98)

0058090