

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90004 020 ****61.25

DOCUMENT # N09597 1. Entity Name GOLFVIEW BAPTIST CHURCH OF LAKE WALES, FLORIDA, INCORPORATED					
Principal Place of Business 107 HIBISCUS DR LAKE WALES, FL 33853 US			Mailing Address REV. DAVID KOON <i>Delete</i> 107 HIBISCUS DR LAKE WALES, FL 33853 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FURNO, JAMES 107 HIBISCUS DR LAKE WALES, FL 33898				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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: <i>James Furno</i> JAMES FURNO, Pastor 7/6/04 <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 8, 2004		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	TR PATTEN, ERNEST 980 OHLINGER RD BABSON PARK, FL 33827 <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	TR ALLEN, JIMMY P O BOX 38 WAVERLY, FL 33877 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Sally Blackmon P.O. Box 4122 Lake Wales, FL 33859 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CLARK, BILL 1540 LIBBY RD BABSON PARK, FL 35827 <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	T GRIFFIN, PAUL 1843 OLEANDER RD LAKE WALES, FL 33898 <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	TR CHANCE, JERRY 2437 BRUCE AVE LAKE WALES, FL 33898 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR Whit Singleton 142 Hickory Hammock Rd. Lake Wales, FL 33853 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemption stated in Section 119.07(3)(i), 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>Ernest Patten Jr</i> ERNEST PATTEN JR 7-7-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

44048431



07012004 Chg-NP CR2E037 (10/03)

4. FEI Number **59-1171901** Applied For ☐ Not Applicable ☐

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

FL

7/6/04

**Filing Fee Is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	TR	<input type="checkbox"/> Delete
NAME	PATTEN, ERNEST	
STREET ADDRESS	980 OHLINGER RD	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, JIMMY	
STREET ADDRESS	P O BOX 38	
CITY-ST-ZIP	WAVERLY, FL 33877	
TITLE	TR	<input type="checkbox"/> Delete
NAME	CLARK, BILL	
STREET ADDRESS	1540 LIBBY RD	
CITY-ST-ZIP	BABSON PARK, FL 35827	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRIFFIN, PAUL	
STREET ADDRESS	1843 OLEANDER RD	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	CHANCE, JERRY	
STREET ADDRESS	2437 BRUCE AVE	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sally Blackmon	
STREET ADDRESS	P.O. Box 4122	
CITY-ST-ZIP	Lake Wales, FL 33859	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Whit Singleton	
STREET ADDRESS	142 Hickory Hammock Rd.	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Ernest Patten Jr* **ERNEST PATTEN JR** **7-7-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

863-676-1918