


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N09597</b>	
1. Entity Name <b>GOLFVIEW BAPTIST CHURCH OF LAKE WALES, FLORIDA, INCORPORATED</b>	

Principal Place of Business <b>107 HIBISCUS DR LAKE WALES, FL 33853 US</b>	Mailing Address <b>107 HIBISCUS DR LAKE WALES, FL 33853 US</b>
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**DO NOT WRITE IN THIS SPACE**



01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-1171901</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>FURNO, JAMES 107 HIBISCUS DR LAKE WALES, FL 33898</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
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<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>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR PATTEN, ERNEST 980 OHLINGER RD BABSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BLACKMON, SALLY PO BOX 4122 LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CLARK, BILL 1540 LIBBY RD BABSON PARK, FL 35827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR HUCKABY, WAYNE 3921 MILLSTONE ST LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR VAN NOTE, ROBERT 201 PINEY AVE LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000702804  
04/20/07-80113-009 61.25

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.

<b>SIGNATURE:</b> 	<b>4-5-07</b>	<b>863-676-1918</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>