

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90043 024 \*\*\*\*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  
33898

Mailing Address  
107 HIBISCUS DR  
LAKE WALES, FL 33853 US  
33898

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-1171901

Applied For

Not Applicable

Zip  
33898

Country

Zip  
33898

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FURNO, JAMES  
107 HIBISCUS DR  
LAKE WALES, FL 33898

7. Name and Address of New Registered Agent

Name  
DAVID M. KOON  
Street Address (P.O. Box Number is Not Acceptable)  
107 HIBISCUS DR  
LAKE WALES  
City  
LAKE WALES FL Zip Code  
33898

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 reinstating)

DATE

4-19-08

Filing Fee is \$61.25  
Due by May 1, 2008

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 checked="" type="checkbox"/> Delete
NAME	PATTEN, ERNEST	
STREET ADDRESS	980 OHLINGER RD	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BLACKMON, SALLY	
STREET ADDRESS	PO BOX 4122	
CITY-ST-ZIP	LAKE WALES, FL 33859	
TITLE	TR	<input type="checkbox"/> Delete
NAME	CLARK, BILL	
STREET ADDRESS	1540 LIBBY RD	
CITY-ST-ZIP	BABSON PARK, FL 33827	
TITLE	TR	<input type="checkbox"/> Delete
NAME	HUCKABY, WAYNE	
STREET ADDRESS	3921 MILLSTONE ST	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE	TR	<input type="checkbox"/> Delete
NAME	VAN NOTE, ROBERT	
STREET ADDRESS	201 PINEY 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 checked="" type="checkbox"/> Addition
NAME	FLETCHER, MELANIE	
STREET ADDRESS	982 OLD CUTLER RD	
CITY-ST-ZIP	LAKE WALES, FL 33898	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-08

863-604-7910