2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N09597

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GOLFVIEW BAPTIST CHURCH OF LAKE WALES, FLORIDA, INCORPORATED



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

04-23-2008 90043 024 ****61.25

863.604-7910

Daytime Phone #

## April Place of Business No. P.O. Box # 1. Mailing Address 1. April Place 1. Apri		,				100 11	13					
Suite, Apil #, etc. Suite, Apil #, etc. Suite Suite, Apil #, etc. Suite, Apil #, etc. Suite Suite, Apil #, etc. Suite Suite, Apil #, etc. Suite Suite, Apil #, etc. Suite,	107 HIBISCUS DR 107 I LAKE WALES, FL 3 385 3 US LAKE			D7 HIBISCUS DR AKE WALES, FL 3 38 53 US			 		EE1 1189 1189 111			
City & State Spanning and Address of Cutrent Registered Agent To Runn and Address of New Registered Agent To Runn and Address of Row Registered Agent To Runn and Address Row Registered Agent To Runn and Address Row R	2. Principal Place of Business - No P.O. Box # 3. Ma			lailing Address								
Security	Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.				04182008	Chg-NP	CR2E0	37 (12/06)	
FURNO, JAMES 107 HIBISCUS DR LAKE WALES, FL 33898 8. The above named entity submits this statement for the purpose of changing its registered agent, or book, in the State of Florida. I am familiar with, and accept the obligators of registered agent. SIGNATURE FIL 2g Code ONTE Registered agent, or book, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or book, in the State of Florida. I am familiar with, and accept the obligators of registered agent. SIGNATURE Filing For is \$61.25 Due by May 1, 2008 9. Election Campagor Financing Trust Fund Contribution. TO EFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE INITE TR OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE MAKE BLACKMON, SALLY SIRET JORISS BRO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE MAKE BLACKMON, SALLY SIRET JORISS BRO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE MAKE BLACKMON, SALLY SIRET JORISS BLACKMON, SALLY SIRET JORISS TO BOX 4122 CITY-ST-2P LAKE WALES, FL 33859 TILE LAKE WALES, FL 33859 TILE TR ORISE TO Belde TILE MAKE UNDOKES, FL 33859 TILE MAKE CLARK, BILL SIRET JORISS SIR	City & State	3	City	City & State								
FURNO, JAMES 107 HIBISCUS DR LAKE WALES, FL 33898 8. The above named entity submits this statement for the purpose of changing its registered agent, or book, in the State of Florida. I am familiar with, and accept the obligators of registered agent. SIGNATURE FIL 2g Code ONTE Registered agent, or book, in the State of Florida. I am familiar with, and accept the obligators of registered agent, or book, in the State of Florida. I am familiar with, and accept the obligators of registered agent. SIGNATURE Filing For is \$61.25 Due by May 1, 2008 9. Election Campagor Financing Trust Fund Contribution. TO EFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE INITE TR OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE MAKE BLACKMON, SALLY SIRET JORISS BRO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE MAKE BLACKMON, SALLY SIRET JORISS BRO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TILE MAKE BLACKMON, SALLY SIRET JORISS BLACKMON, SALLY SIRET JORISS TO BOX 4122 CITY-ST-2P LAKE WALES, FL 33859 TILE LAKE WALES, FL 33859 TILE TR ORISE TO Belde TILE MAKE UNDOKES, FL 33859 TILE MAKE CLARK, BILL SIRET JORISS SIR	Zip Country 33898			Zip Country								
FURNO, JAMES 107 HBISCUS DR LAKE WALES, FL 33898		6. Name and Address of Cu	irrent Registere	d Agent				7. Name and	Address of New	Registered.	Agent	
Signature to 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of the state of Florida. I am familiar with, and accept the familiar with accept the familiar with, and accept the familiar with accept the familiar with, and accept the familiar with, and accept the	ELIBNO I	AMES				Name TRAVID M KOON						
### BLACKMON, SALLY THE BLACK	1		Street Address			P.O. Box Number is Not Acceptable)						
a. The above named cnitry 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					107	<i>F</i>	113156	us de			
a. The above named cnitry 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						-	(6					
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						City	سيرر	117015		FL	Zip Cod	848
SIGNATURE Signature proportion nerver of registered agent and the 4 equivacable Unite Registered Agent Signature required information nerver of registered agent and the 4 equivacable Unite Registered Agent Signature required information nerver of registered agent and the 4 equivacable Unite Registered Agent Signature required information nerver of registered agent agent and the 4 equivacable Unite Signature required information nerver of registered agent agent and the 4 equivacable Unite Signature required information nerver of registered agent signature required information nerver of registered agent agent and the 4 equivacable Unite Signature required information nerver of registered agent signature required information nerver of registered agent signature required information nerver of registered agent signature required in Change Unite Signature required in Change	8. The above	named entity submits this statem	nent for the ouro	ose of changing its	s register							and accept
Filing Fee is \$61.25 Due by May 1, 2008 Filing Fee is \$61.25 Due by May 1, 2008 Trust Fund Contribution.												
Filing Fee is \$61.25 Due by May 1, 2008 Filing Fee is \$61.25 Due by May 2, 2008 Filing Fee is \$61.25 Due by May 1, 2008 Filing Fee is \$61.25 Due by May 1, 2008 Filing Fee is \$61.25 Due by May 1, 2008 Filing Fee is \$61.25 Due by May 1, 2008 Filing Fee is \$61.25 Due by May 1, 2008 Filing Fee is \$61.25 Due by May 1, 2008 Filing Fee is \$61.25 Due by May 1, 2008 Filing Fee is \$61.25 Due by May 2, 2009 Filing Fee is \$61.25 Due by May 2, 2009 Filing Fee is \$61.25 Due by May 2, 2009 Filing Fee is \$61.25 Due by May 2, 2009 Filing Fee is \$61.25 Due by May 2, 2009 Filing Fee is \$61.25 Due by May 2, 2009 Filing Fee is \$61.25 Due by May 2, 2009 Filing Fee is \$61.25 Due by May 2, 2009 Filing Fee is \$61.25 Due by May 2, 2009 Filing Fee is \$61.25 Due by May 2, 20	11/2/											
Filling Fee Is \$61.25 Due by May 1, 2008 9. Election Campaign Financing Trust Fund Contribution. 10. DEFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 INTE NAME PATTEN, ERNEST SIRET ADDRESS 98.0 OHLINGER RD DIV-SI-2P BABSON PARK, FL 33827 INTE NAME SIREET ADDRESS OCTY-SI-2P LAKE WALES, FL 33859 INTE NAME CLARK, BILL SIREET ADDRESS OCTY-SI-2P SIREET ADDRESS SIRET ADDRESS OCTY-SI-2P SIREET ADDRESS SIRET ADDRESS OCTY-SI-2P SIREET ADDRESS OCTY-SI-2P SIRET ADDRES	SIGNATURE											
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TRUE TR	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) UATE											
TITLE NAME PATTEN, ERNEST 980 OHLINGER RD SIREET ADDRESS CITY-ST-2P BABSON PARK, FL 33827 TITLE TR Delete TR Delete TR Delete TITLE NAME BLACKMON, SALLY SIREET ADDRESS CITY-ST-2P LAKE WALES, FL 33859 TITLE TR Delete TR Delete TR Delete TITLE NAME SIREET ADDRESS CITY-ST-2P LAKE WALES, FL 33859 TITLE TR Delete TR Delete TITLE NAME DELECTORY SIREET ADDRESS CITY-ST-2P LAKE WALES, FL 33859 TITLE TR Delete TR Delete TITLE NAME SIREET ADDRESS CITY-ST-2P DELETE TR DELTE TR DELETE TR DE	7							\$5.00 May B Added to Fees	e			
NAME SIRET AUDRESS 980 OHLINGER RD DABSON PARK, FL 33827 TITLE TR NAME BLACKMON, SALLY SIRET AUDRESS CITY-ST-2IP DEIDRE DASS ON PARK, FL 33859 TITLE TR NAME CLARK, BILL SIRET AUDRESS CITY-ST-2IP SABSON PARK, FL 33859 TITLE TR NAME CLARK, BILL SIRET AUDRESS CITY-ST-2IP SABSON PARK, FL 33859 TITLE NAME SIRET AUDRESS CITY-ST-2IP SIRET AUDRESS CITY-ST-2I	10. OFFICERS AND DIRECTORS			11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
STREET ADDRESS CITY-ST-ZIP BABSON PARK, FL 33827 ITTLE TR	THTLE	TR	_	Delete			TR	1150	51 A41	_	☐ Change	Addition
CITY-ST-ZIP BABSON PARK, FL 33827 CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP LAKE WALES, FL 33859 CITY-ST-ZIP LORANGE STREET ADDRESS CITY-ST-ZIP CHANGE TREET ADDRESS CITY-ST-ZIP CHANGE TREET ADDRESS CITY-ST-ZIP CHANGE TREET ADDRESS CITY-ST-ZIP CHANGE TREET ADDRESS CITY-ST-ZIP COLTY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP LAKE WALES,		,				I	FLE	CHSC,	MECARI	K Pn		
TITLE TR Delete TITLE NAME BLACKMON, SALLY PO BOX 4122 STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33859 STREET ADDRESS CITY-ST-ZIP BABSON PARK, FL 35827 STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 STREET ADDRESS CITY-ST-ZIP CHARLES STREET ADDRESS CI				CITY-SI-7IP			70.	2 000 E47CER RD				
NAME STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33859 ITILE - TR Delete TITLE STREET ADDRESS CITY-ST-ZIP BABSON PARK, FL 35827 ITILE TR NAME STREET ADDRESS CITY-ST-ZIP BABSON PARK, FL 35827 ITILE TR NAME STREET ADDRESS CITY-ST-ZIP TITLE TR NAME STREET ADDRESS CITY-ST-ZIP TITLE TR NAME STREET ADDRESS CITY-ST-ZIP TITLE TR NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE TR Delete TITLE NAME VAN NOTE, ROBERT STREET ADDRESS CITY-ST-ZIP TITLE TR Delete TITLE NAME VAN NOTE, ROBERT STREET ADDRESS CITY-ST-ZIP TITLE NAME VAN NOTE, ROBERT STREET ADDRESS CITY-ST-ZIP TITLE NAME VAN NOTE, ROBERT STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS C			··				C ~ X	e WALES	, , , ,	23010		☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE TR Delete TITLE NAME CLARK, BILL STREET ADDRESS CITY-ST-ZIP TITLE NAME CLARK, BILL STREET ADDRESS CITY-ST-ZIP TITLE TR Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TR Delete TITLE NAME HUCKABY, WAYNE STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP TITLE TR Delete TR NAME STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP TITLE TR NAME NAME STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	1	1	•	L Delete		1						Addition
CITY-ST-ZIP LAKE WALES, FL 33859 CITY-ST-ZIP TR Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE TR Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE TR Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE TR Delete TR Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE TR Delete TR Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE TR Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE TR Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE Change Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP THLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE Change Addition Addition AMAE STREET ADDRESS CITY-ST-ZIP THLE Change Addition ADDRESS CITY-ST-ZIP THLE CHANGE ADDRESS CITY-ST-ZIP THLE CHANGE ADDRESS CITY-ST-ZIP THLE CH	1	· ·				- 1						
NAME STREET ADDRESS CITY-ST-ZIP BABSON PARK, FL 35827 TITLE TR HUCKABY, WAYNE NAME STREET ADDRESS CITY-ST-ZIP TITLE TR HUCKABY, WAYNE STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 TITLE TR Delete TITLE STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP TITLE TR Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES					CITY	Y-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP BABSON PARK, FL 35827 TITLE TR HUCKABY, WAYNE STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 TITLE TR HUCKABY, WAYNE STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 TITLE TR HUCKABY, WAYNE STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 TITLE TR Delete TITLE MAME STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Belete Delete De	TOTLE -	TR		☐ Delete	TITL	.E					Change	☐ Addition
CITY-ST-ZIP BABSON PARK, FL 35827 CITY-ST-ZIP TITLE TR MAME HUCKABY, WAYNE STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP TITLE TR Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TR Delete TITLE NAME VAN NOTE, ROBERT STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TO Leave the information supplied with this filling 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 difference of the control and the true premate on Block 10 or Block 11 if	NAME	CLARK, BILL			NAM	AE						
TITLE TR Delete TITLE AMME HUCKABY, WAYNE STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP CHANGE TRANSPORT STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP CHANGE TRANSPORT STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP CHANGE TRANSPORT STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP CHANGE TRANSPORT STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP CHANGE TRANSPORT	STREET ADDRESS	1540 LIBBY RD				1						
NAME STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 TITLE TR VAN NOTE, ROBERT STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 10 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 11 Lereby certify that the information supplied with this filling 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 of 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	CITY-ST-ZIP	BABSON PARK, FL 35827	·		CITY	Y-ST-ZIP				· · · · · ·		
STREET ADDRESS CITY-ST-ZIP TITLE TR VAN NOTE, ROBERT STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP TR VAN NOTE, ROBERT STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TR TR Change Addition Addition Addition AME STREET ADDRESS CITY-ST-ZIP TR TR TR TR Change Addition Addition Addition AME STREET ADDRESS CITY-ST-ZIP TR		1		Delete							☐ Change	☐ Addition
CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP TITLE TR Delete TITLE NAME VAN NOTE, ROBERT STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. I hereby certify that the information supplied with this filling 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 by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if		1										
TITLE NAME VAN NOTE, ROBERT STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if	1					ì						
NAME STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 ITTLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify 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 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	-	· · · · · · · · · · · · · · · · · · ·	····	☐ Detete	TITL	LE					☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP LAKE WALES, FL 33898 CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP 1. I hereby certify that the information supplied with this filling 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 by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if		1										
INTLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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	_	201 PINEY AVE			STR	REET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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	CITY-ST-ZIP	LAKE WALES, FL 33898			CIT	Y-ST-ZIP					• •• •	
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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	UTLE			☐ Delete	TITL	LE	786				Change	■ Addition
CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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	NAME					_						
12. I hereby certify that the information supplied with this filling 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	1											
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it 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											A16 A5	
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	1 1-41	d en this report or cupplomontal r	conort is true and	l accurate and that	my eigns	ature shall h	ave the	same legal ette	cras il made und	ier nain' mai i	am an onice	rorairector
	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											