

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90053 019 \*\*\*\*61.25

**DOCUMENT # N10624**

1. Entity Name

LAKE HAMILTON PRESBYTERIAN CHURCH OF LAKE  
HAMILTON, FLORIDA, INC.



Principal Place of Business

314 MAIN STREET  
LAKE HAMILTON FL 33851

Mailing Address

P O BOX 116  
314 MAIN ST  
LAKE HAMILTON FL 33851  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNT, BYRON J  
317 W. MAIN STREET  
LAKE HAMILTON FL 33851

Name

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

City

TAYLOR DR. BILLYE  
500 W. OMAHA ST.  
LAKE HAMILTON  
FL 33851

FL

Zip Code

33851

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

X *Billye S. Taylor* - BILLYE S. TAYLOR, PRES. 2/15/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE EDT ☐ Delete  
NAME WEBER, DOUGLAS DR  
STREET ADDRESS 404 ANIS PLACE  
CITY-ST-ZIP POINCIANA FL 34759

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PT ☒ Delete  
NAME HUNT, BYRON C  
STREET ADDRESS 317 W MAIN ST  
CITY-ST-ZIP LAKE HAMILTON FL 33851

TITLE PT ☒ Change ☒ Addition  
NAME TAYLOR, DR. BILLYE  
STREET ADDRESS 500 W. OMAHA ST. P.O. Box 688  
CITY-ST-ZIP LAKE HAMILTON, FL 33851

TITLE SD ☐ Delete  
NAME BROWN, FLORENCE  
STREET ADDRESS 401 CHICAGO AVE  
CITY-ST-ZIP WINTERHAVEN FL 33851

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AST ☐ Delete  
NAME LEONA, GARCIA  
STREET ADDRESS 176 LAGOON RD.  
CITY-ST-ZIP WINTERHAVEN FL 33851

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X *Billye S. Taylor* PRESIDENT 2/15/04 863-439-2251  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #