


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90036 025 ****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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TAYLOR, BILLY E DR. 500W OMAHA ST. LAKE HAMILTON FL 33851				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	EDT		TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WEBER, DOUGLAS DR		NAME	AGNES T. WEBER	
STREET ADDRESS	404 ANIS PLACE		STREET ADDRESS	404 ANISE PL.	
CITY-ST-ZIP	POINCIANA FL 34759		CITY-ST-ZIP	POINCIANA, FL, 34759	
TITLE	PT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, BILLY E DR.		NAME		
STREET ADDRESS	500 W OMAHA ST., P.O. BOX 688		STREET ADDRESS		
CITY-ST-ZIP	LAKE HAMILTON FL 33851		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, FLORENCE		NAME		
STREET ADDRESS	401 CHICAGO AVE		STREET ADDRESS		
CITY-ST-ZIP	WINTERHAVEN FL 33851		CITY-ST-ZIP		
TITLE	AST <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEONA, GARCIA		NAME		
STREET ADDRESS	176 LAGOON RD.		STREET ADDRESS		
CITY-ST-ZIP	WINTERHAVEN FL 33851		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Agnes T. Weber</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/20/05 863-427-0450 Date Daytime Phone #		