

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N11689

1. Entity Name
ORANGE LAKE BAPTIST CHURCH, INC.



Principal Place of Business
**19060 NW 53RD TERRACE
ORANGE LAKE, FL 32681**

Mailing Address
**19060 NW 53RD TERRACE
P.O. BOX 227
ORANGE LAKE, FL 32681**



04272006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2349930

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMS, FRANK
5471 NW 191ST PLACE
ORANGE LAKE, FL 32681**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000553859
05/15/06-80068-022 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, FRANK
STREET ADDRESS 5471 NW 191ST PLACE
CITY-ST-ZIP ORANGE LAKE, FL

TITLE STD
NAME PRIEST, WILLIAM E III
STREET ADDRESS 18040 NE 24TH AVE
CITY-ST-ZIP CITRA, FL 32113

TITLE VD
NAME POLK, SAMUEL E
STREET ADDRESS 5265 NW 218TH PL
CITY-ST-ZIP MCINTOSH, FL 32664

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Frank Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/06

Date

352-591-1176

Daytime Phone #