

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2007 8:00 am**  
**Secretary of State**

08-30-2007 90001 037 \*\*\*\*61.25

**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**

**DO NOT WRITE IN THIS SPACE**



08122007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2349930</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

~~Decesed~~  
~~WILLIAMS, FRANK~~  
~~5474 NW 1945TH PLACE~~  
~~ORANGE LAKE, FL 32681~~  
**William Corbus**  
**5501 Tucker Lane**  
**McIntosh FL 32664**

**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 William Corbus William Corbus PD 8-26-07  
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 September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD <del>Decesed</del>	William Corbus
NAME	<del>WILLIAMS, FRANK</del>	
STREET ADDRESS	<del>5474 NW 1945TH PLACE</del>	5501 Tucker Lane
CITY-ST-ZIP	<del>ORANGE LAKE, FL</del>	McIntosh FL 32664

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	

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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: Samuel E Polk Samuel E Polk VD 8-26-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #