

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90016 047 ****61.25

DOCUMENT # N13740

1. Entity Name
AVON PARK LAKES BAPTIST CHURCH, INC.



Principal Place of Business
**2600 N HIGHLANDS BLVD.
AVON PARK, FL 33825**

Mailing Address
**2600 N HIGHLANDS BLVD.
AVON PARK, FL 33825**

40000000 -



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007 Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0343953

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

**POLK, R. L.
2600 N. HIGHLANDS BLVD
AVON PARK, FL 33825**

Name **Marcus Marshall**
Street Address (P.O. Box Number is Not Acceptable)
2600 N Highlands Blvd.
City **Avon Park** FL Zip Code **33825**

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

Marcus Marshall

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, 2007**

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

TITLE	CSD	<input checked="" type="checkbox"/> Delete
NAME	POLK, R.L.	
STREET ADDRESS	2600 N. HIGHLANDS BLVD	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURROUGHS, JACK	
STREET ADDRESS	2021 N. TORRINGTON RD.	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	PLETCHER, JOHN	
STREET ADDRESS	2490 N. TRITON ROAD	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOWNSEND, GEORGE L	
STREET ADDRESS	2911 N TOWNSEND RD	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	T	<input type="checkbox"/> Delete
NAME	NORTON, HERB	
STREET ADDRESS	3092 W. WENTON RD	
CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAINOUS, KENNETH E	
STREET ADDRESS	1750 N. RIVERDALE RD.	
CITY-ST-ZIP	AVON PARK, FL 33825	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pastor	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marcus Marshall	
STREET ADDRESS	2600 N Highlands Blvd.	
CITY-ST-ZIP	Avon Park, FL 33825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3092 W. Whiton Rd.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Marcus Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-07 (863) 452-6556

Date

Daytime Phone #