


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90001 009 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0343953	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MARSHALL, MARCUS 2600 N. HIGHLANDS BLVD AVON PARK, FL 33825				7. Name and Address of New Registered Agent Name Emanuel Murphy Street Address (P.O. Box Number is Not Acceptable) 2390 Yucca City Avon Park City 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 <i>Emanuel A. Murphy</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				April 11, 2008 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	P MARSHALL, MARCUS 2600 N. HIGHLANDS BLVD AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VACANT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURROUGHS, JACK 2021 N. TORRINGTON RD. AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Emanuel Murphy (see above)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLETCHER, JOHN 2490 N. TRITON ROAD AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S Karen Combis 2680 N. Seneca Dr. Avon Park, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSEND, GEORGE L 2911 N TOWNSEND RD AVON PARK, FL 33825	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lorraine Polk 6180 Lightsey Rd. Ft. Meade, FL 33841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NORTON, HERB 3092 W WHITON RD AVON PARK, FL 33825	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAINOUS, KENNETH E 1750 N. RIVERDALE RD. AVON PARK, FL 33825	<input type="checkbox"/> Delete		TITLE 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: <i>Emanuel A. Murphy</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/1/08 863-452-6556 <small>Date Daytime Phone #</small>	