

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90046 036 ****61.25

DOCUMENT # N29540

1. Entity Name
THE AMERICAN BAPTIST CHURCH OF LAKE LAND, INC.



Principal Place of Business
**1500 W DAUGHTERY RD
LAKE LAND, FL 33810 US**

Mailing Address
**1500 W DAUGHTERY RD
LAKE LAND, FL 33810 US**

4001100



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2856559

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MILLER, ROBERT T.
100 EAST LEMON STREET
PO BOX 8169
LAKE LAND, FL 33802-8169**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME REIF, MARTHA N
STREET ADDRESS 1579 LONG BOW DR.
CITY-ST-ZIP LAKE LAND, FL 33810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME SLIFER, DOROTHY
STREET ADDRESS 6125 ANOUS DR.
CITY-ST-ZIP LAKE LAND, FL 33810

TITLE ☐ Change ☒ Addition
NAME SD
STREET ADDRESS MAXINE JOHNS
CITY-ST-ZIP 461 MONROE DR.
LAKE LAND, FL 33809

TITLE VD ☐ Delete
NAME WHITE, CLAUDE
STREET ADDRESS 1847 MASTERS LN
CITY-ST-ZIP LAKE LAND, FL 33810

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME L) WOOD, PHYLLIS A
STREET ADDRESS 1610 REYNOLDS ROAD #32
CITY-ST-ZIP LAKE LAND, FL 33801

TITLE ☒ Change ☐ Addition
NAME PHYLLIS
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Phyllis A. Wood* PHYLLIS A. WOOD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07
Date

863 445-3364
Daytime Phone #