2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38724

FILED Feb 06, 2007 Secretary of State

Entity Name: BLAKE MEMORIAL BAPTIST CHURCH INC. OF LAKE HELEN, FLORIDA

Current Principal Place of Business: New Principal Place of Business: 134 N EUCLID AVE LAKE HELEN, FL 32744 **Current Mailing Address: New Mailing Address:** 134 N EUCLID AVE LAKE HELEN, FL 32744 FEI Number: 59-2346319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WISHON, ANTHONY C 134 N EÚCLID AVE US LAKE HELEN, FL 32744 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MARTIN, BERNADETTE ROBERGE, DON Name: Name: P.O. BOX 207 Address: 267 BAXTER ROAD Address: City-St-Zip: LAKE HELEN, FL 32744 City-St-Zip: LAKE HELEN, FL 32744 Title: Title: (X) Change () Addition () Delete BOUTWELL, FRANKLIN Name: BOUTWELL, FRANKLIN Name: Address: 223 RIVER VILLAGE DR Address: 223 RIVER VILLAGE DR City-St-Zip: DEBACY, FL 32713 City-St-Zip: DEBARY, FL 32713 Title: () Delete Title: (X) Change () Addition RUCKSTUHL, RICK COOPER, JIM Name: Name: 3050 ABERDEEN STABLES RD. 1232 BACHMAN AVE Address: Address: City-St-Zip: DELTONA, FL 32738 City-St-Zip: DELTONA, FL 32735 () Delete Title: Title: TR () Change (X) Addition Name: Name: MARTIN, CATHY Address: Address: P. O. BOX 642 City-St-Zip: City-St-Zip: LAKE HELEN, FL 32744 Title: () Delete Title: () Change (X) Addition ROBERTS, MARY Name: Name: 192 RANDLE AVE Address: Address: City-St-Zip: City-St-Zip: OAK HILL, FL 32759 Title: () Delete Title: () Change (X) Addition JONES, MARY Name: Name: Address: Address: 458 JOHNS ST LAKE HELEN, FL 32744 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON ROBERGE TR 02/06/2007