


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

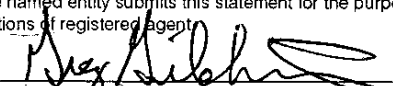
02-07-2005 90066 041 ****61.25

DOCUMENT # N93000004034				
1. Entity Name FIRST BAPTIST CHURCH OF INDIAN LAKE ESTATES, INC.				
Principal Place of Business 115 E. PARK AVE INDIAN LAKE ESTATES FL 33855		Mailing Address P.O. BOX 7668 INDIAN LAKE ESTATES FL 33855		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

40014000



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent MILLS, GEORGE R deceased 14 NORTH PALMETTO INDIAN LAKE ESTATES FL 33855		7. Name and Address of New Registered Agent Name Greg Gilchrist Street Address (P.O. Box Number is Not Acceptable) 311 Poinciana City Indian Lake Est. FL Zip Code 33855	
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 		DATE 1/30/05	

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	T MORSE, FRANCES 1 PALMETTO S INDIAN LAKE ESTATES FL 32755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, GEORGE R (Deceased) 14 NORTH PALMETTO INDIAN LAKE ESTATES FL 33855 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gilchrist, Greg 311 Poinciana Indian Lake Est., FL 33855 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, DORIS (moved) 5 LANGUNA INDIAN LAKE ESTATES FL 33855 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bell, Vance 6328 E. C.R. 630 Frostproof, FL 33843 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STODDARD, SHIRLEY 1010 GRANADA INDIAN LAKE ESTATES FL 33855 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/05

Date

863-692-1173
Daytime Phone #