

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000002226 (8)**

1. Corporation Name

**COMMUNITY BAPTIST CHURCH OF LAKE WALES, INC.**



Principal Place of Business

Mailing Address

VILLAGE GREEN CHAPEL  
BOX 8716  
FEDHAVEN FL 33854  
US

3630 MAMMOTH GROVE ROAD  
LAKE WALES FL 33853  
US

3. Date Incorporated or Qualified

**05/04/1994**

3a. Date of Last Report

**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc. **26** **P.O. Box 8716**

**22** City & State **27** Suite, Apt. #, etc.

**23** City & State **28** **Fed Haven, FL**

**24** Zip **25** Country **29** **33854** **30** **FL**

4. FEI Number

**65-0536857**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HORNE, TATE A  
LEISURE LANE W  
GRANADA CONDO E-1, P.O. BOX 6180  
NALCREST FL 33856

81. Name

**ROGERS PAUL E.**

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

**605 FED HAVEN Drive**

83.

84. City

**FED HAVEN**

**FL**

85. Zip Code

**33854**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

**Paul E. Rogers**

**P/T**

**PAUL E. ROGERS**

**2-7-96**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CT** ☒ DELETE  
NAME **HORNE, TATE A**  
STREET ADDRESS **LEISURE LANE W, P.O. BOX 6180**  
CITY-ST-ZIP **NALCREST FL**

TITLE **VCT** ☒ DELETE  
NAME **KILGORE, LORINE**  
STREET ADDRESS **567 VILLAGE GREEN, P.O. BOX 8644**  
CITY-ST-ZIP **FEDHAVEN FL**

TITLE **T** ☒ DELETE  
NAME **HENDRIZ, WILLIAM**  
STREET ADDRESS **561 VILLAGE GREEN, P.O. BOX 9043**  
CITY-ST-ZIP **FEDHAVEN FL**

TITLE **T** ☒ DELETE  
NAME **JOHNSON, PHILIP**  
STREET ADDRESS **427 VILLAGE GREEN, P.O. BOX 9043**  
CITY-ST-ZIP **FEDHAVEN FL**

TITLE **T** ☒ DELETE  
NAME **RUPER, JOHN**  
STREET ADDRESS **528 VILLAGE GREEN, P.O. BOX 9043**  
CITY-ST-ZIP **FEDHAVEN FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE **P/T** ☐ Change ☒ Addition  
1.2 NAME **ROGERS PAUL E.**  
1.3 STREET ADDRESS **605 FED HAVEN Drive**  
1.4 CITY-ST-ZIP **FED HAVEN, FL 33854**

2.1 TITLE **S** ☐ Change ☒ Addition  
2.2 NAME **ELLEN INEZ**  
2.3 STREET ADDRESS **578 FED HAVEN Drive**  
2.4 CITY-ST-ZIP **FED HAVEN, FL 33854**

3.1 TITLE **T** ☐ Change ☒ Addition  
3.2 NAME **RACICOT PAUL**  
3.3 STREET ADDRESS **541 FED HAVEN Drive**  
3.4 CITY-ST-ZIP **FED HAVEN, FL 33854**

4.1 TITLE **T** ☐ Change ☒ Addition  
4.2 NAME **LONGANECKER CLAY**  
4.3 STREET ADDRESS **3630 MAMMOTH GROVE RD.**  
4.4 CITY-ST-ZIP **LAKE WALES, FL 33853**

5.1 TITLE **T** ☐ Change ☒ Addition  
5.2 NAME **LONGANECKER BERNICE**  
5.3 STREET ADDRESS **3630 MAMMOTH GROVE RD.**  
5.4 CITY-ST-ZIP **LAKE WALES, FL 33853**

6.1 TITLE **T** ☐ Change ☒ Addition  
6.2 NAME **RICHARDSON RUTH**  
6.3 STREET ADDRESS **501 FED HAVEN Drive**  
6.4 CITY-ST-ZIP **FED HAVEN, FL 33854**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

**Paul E. Rogers**

**PAUL E. ROGERS**

**2-7-96**

**941-696-4371**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)