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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: VILLAGE GREEN CHAPEL, BOX 8716, FEDHAVEN FL 33854 US
Mailing Address: P.O. BOX 8716, FEDHAVEN FL 33854 US

3. Date Incorporated or Qualified: 05/04/1994
4. FEI Number: 65-0536857
6. Certificate of Status Desired: \$8.75 Additional Fee Required
8. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No *NA*

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: ROGERS, PAUL E, 805 FEDHAVEN DRIVE, FEDHAVEN FL 33854

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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* 1-20-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	ROGERS, PAUL E.	
STREET ADDRESS	805 FEDHAVEN DRIVE	
CITY-ST-ZIP	FEDHAVEN FL	
TITLE	STR	<input type="checkbox"/> DELETE
NAME	ROGERS, SANDRA L	
STREET ADDRESS	805 FED HAVEN DRIVE	
CITY-ST-ZIP	FEDHAVEN FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RACICOT, PAUL	
STREET ADDRESS	541 FEDHAVEN DRIVE	
CITY-ST-ZIP	FEDHAVEN FL	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	RICHARDSON, VARNUM	
STREET ADDRESS	361 FEDHAVEN DR	
CITY-ST-ZIP	FEDHAVEN FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RICHARDSON, RUTH	
STREET ADDRESS	361 FEDHAVEN DRIVE	
CITY-ST-ZIP	FEDHAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	ID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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* 1-20-98 617-191-4321

CR2E037 (10/97)