

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90066 029 \*\*\*\*61.25

**DOCUMENT # N94000002226**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0536857

Applied For

Not Applicable

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

RICHARDSON, RUTH E  
561 CLUB CIRCLE  
FEDHAVEN FL 33854

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

*Ruth E. Richardson*

*Jan. 27, 2004*

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE STR  
NAME HANNON, RUTH ☒ Delete  
STREET ADDRESS 507 CLUB CIRCLE  
CITY-ST-ZIP FEDHAVEN FL 33854

TITLE TTR  
NAME JOHNSON, BARBARA ☐ Delete  
STREET ADDRESS 572 CLUB CIRCLE  
CITY-ST-ZIP FEDHAVEN FL 33854

TITLE PTR  
NAME RICHARDSON, VARNUM ☐ Delete  
STREET ADDRESS 561 CLUB CIRCLE  
CITY-ST-ZIP FEDHAVEN FL

TITLE TTR  
NAME RICHARDSON, RUTH ☐ Delete  
STREET ADDRESS 561 CLUB CIRCLE  
CITY-ST-ZIP FEDHAVEN FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STR  
NAME Vella, Soan ☒ Change ☐ Addition  
STREET ADDRESS 513 CLUB CIRCLE  
CITY-ST-ZIP Fedhaven, FL 33854

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

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

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

TITLE ☐ Change ☐ Addition  
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 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:** *Ruth E. Richardson* *Ruth E. Richardson* *1/27/04* *863 696-3822*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #