


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90032 022 \*\*\*\*61.25

<b>DOCUMENT # N94000002226</b> 1. Entity Name <b>COMMUNITY BAPTIST CHURCH OF LAKE WALES, INC.</b>					
Principal Place of Business <b>VILLAGE GREEN CHAPEL BOX 8716 FEDHAVEN, FL 33854 US</b>			Mailing Address <b>P.O. BOX 8716 FEDHAVEN, FL 33854 US</b>		
2. Principal Place of Business - No P.O. Box # <b>Community Baptist Church</b> Suite, Apt. #, etc. <b>Club Circle</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Fedhaven, Fl.</b>		City & State		4. FEI Number <b>65-0536857</b>	
Zip <b>33854-8716</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RICHARDSON, RUTH E 1468 CLUB CIR. FEDHAVEN, FL 33854</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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 <u>Ruth E. Richardson</u> <u>Ruth E. Richardson</u> <u>March 9, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STR HOWELL, LOIS 7035 TAMARIND DR LAKE WALES, FL 33898</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TTR PATTON, MARIE 1492 CLUB CIR. FEDHAVEN, FL 33854</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTR RICHARDSON, VARNUM 1468 CLUB CIRCLE FEDHAVEN, FL 33854</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TTR RICHARDSON, RUTH 1468 CLUB CIRCLE FEDHAVEN, FL 33854</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <u>Ruth E. Richardson</u> <u>Ruth E. Richardson</u> <u>March 9, 2008</u> <u>(863) 696-3842</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					