

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003743

FILED  
Mar 07, 2007  
Secretary of State

**Entity Name:** FAITH BAPTIST CHURCH OF LAKE LAND, FLORIDA, INC.

**Current Principal Place of Business:**

FAITH BAPTIST CHURCH  
4409 OLD POLK CITY ROAD  
LAKE LAND, FL 33809

**New Principal Place of Business:**

**Current Mailing Address:**

8550 S.R. 33 NORTH  
LAKE LAND, FL 33809 US

**New Mailing Address:**

**FEI Number:** 65-0504848

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MALLATT, MICHAEL W  
7119 EVERGREEN BLVD  
POLK CITY, FL 33868 US

**Name and Address of New Registered Agent:**

MALLATT, MICHAEL W  
5037 CAMBRY LANE  
LAKE LAND, FL 33805 US

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.

SIGNATURE:

03/07/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COMBEE, LYLE  
Address: 8675 STATE ROAD 33 NORTH  
City-St-Zip: POLK CITY, FL 33868

Title: VD ( ) Delete  
Name: PAXTON, LEE  
Address: 6825 FOX CHASE DRIVE  
City-St-Zip: LAKE LAND, FL 33810

Title: TD ( ) Delete  
Name: COMBEE, CAROLYN  
Address: 8610 ST RD 33N  
City-St-Zip: LAKE LAND, FL 33809

Title: SD ( ) Delete  
Name: THOMPSON, JOHN  
Address: 14740 ANGUS RD.  
City-St-Zip: POLK CITY, FL 33868

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYLE COMBEE

PD

03/07/2007

Electronic Signature of Signing Officer or Director

Date