2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003743

FILED Feb 03, 2009 Secretary of State

Entity Name: FAITH BAPTIST CHURCH OF LAKELAND, FLORIDA, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
409 OLD	PTIST CHURCI POLK CITY RO D, FL 33809				
current Mailing Address:		New Mailing Address:			
	33 NORTH D, FL 33809	US			
El Number:	: 65-0504848	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
ame and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
037 CAM	MICHAEL W BRY LANE D, FL 33805	US			
	named entity s of Florida.	ubmits this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
the State	e of Florida.	ubmits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
the State	e of Florida. RE:	ubmits this statement for the p		ed office or registered agent, or both, Date	
the State	e of Florida. RE:	ic Signature of Registered Age	ent		
the State	e of Florida. RE: Electroni S AND DIRECT	ic Signature of Registered Age FORS: Delete	ent	Date	
the State IGNATUF FFICER: tle: ame: ddress:	e of Florida. RE: Electroni S AND DIRECT PD () DUVALL, DAVID 1010 SUSAN DE LAKELAND, FL	ic Signature of Registered Age FORS: Delete RIVE 33803 Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR	
the State GNATUR FFICERS tle: ame: ddress: tty-St-Zip: tle: ame: ddress:	E of Florida. RE: Electroni S AND DIRECT PD () DUVALL, DAVID 1010 SUSAN DE LAKELAND, FL VD () PAXTON, LEE 6825 FOX CHAS LAKELAND, FL	ic Signature of Registered Age FORS: Delete RIVE 33803 Delete SE DRIVE 33810 Delete DLYN N	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date BES TO OFFICERS AND DIRECTOR () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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: DAVID DUVALL MR 02/03/2009