

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 08:00 A
Secretary of State

DOCUMENT # N94000004405	
1. Entity Name LAMONT BAPTIST CHURCH, INC.	

Principal Place of Business 121 RIVER RD LAMONT, FL 32336	Mailing Address PO BOX 188 LAMONT, FL 32336
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02052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2917579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOLAND, RODNEY T
 US HIGHWAY 27-19
 LAMONT, FL 32336

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLAND, RODNEY T U.S. HWY 27-19, LAMONT, FL 32336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BAILEY, TOM H U.S. HWY 27-19, LAMONT, FL 32336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR KING, SARAH R U.S. HWY 27-19, LAMONT, FL 32336
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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.

SIGNATURE: Rodney T. Boland 2/5/07 850-584-5791

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #