

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90092 007 \*\*\*\*61.25

<b>DOCUMENT # N96000001126</b> 1. Entity Name <b>TRINITY FREE WILL BAPTIST CHURCH OF LAKE LAND INC.</b>					
Principal Place of Business <b>2649 MINEOLA DRIVE LAKE LAND, FL 33801</b>			Mailing Address <b>2649 MINEOLA DRIVE LAKE LAND, FL 33801</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>59-3245408</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CURLES, LEE 2638 RALPH RD LAKE LAND, FL 33801</b>			7. Name and Address of New Registered Agent Name <b>Billie Lee FAIRLESS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1510 W. ARIANA #274</b> City <b>LaKeland</b> <b>FL</b> Zip Code <b>33803</b>		
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>Billie Lee FAIRLESS, Trustee</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>CURLES, LEE</b>		NAME	<b>TREASURER</b>	
STREET ADDRESS	<b>2638 RALPH ROAD</b>		STREET ADDRESS	<b>Mildred Landrum</b>	
CITY-ST-ZIP	<b>LAKE LAND, FL 33801</b>		CITY-ST-ZIP	<b>1624 CARTER ST AUBURNDALE, FL 33823</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CHANEY, ROBERT</b>		NAME		
STREET ADDRESS	<b>2736 AVE R</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33881</b>		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LANDRUM, HARRY</b>		NAME		
STREET ADDRESS	<b>1624 CARTER ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>AUBURNDALE, FL 33823</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FAIRLESS, BILL</b>		NAME	<b>Billie Lee Fairless</b>	
STREET ADDRESS	<b>1510 ARIANA 274</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LAKE LAND, FL 33803</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>TRUSTEE</b>	
STREET ADDRESS			STREET ADDRESS	<b>ARNOLD ELDRIDGE</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>24 Uncle Pete Rd Haines City, FL 33844</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			3/7/06 863-688-8252		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		