2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90052 040 ****70.00

DOCUMENT # N96000001330

1. Entity Name
EDGEWOOD BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
403 EDGEWOOD DR. LAKELAND, FL 33803	403 EDGEWOOD DR. LAKELAND, FL 33803

400073333

03142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0943132
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, TROY
5936 APRIL STREET EAST
LAKELAND, FL 33813

DO NOT WRITE IN THIS SPACE

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 Troy A Davis 3-16-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	BLACK, JOY
STREET ADDRESS	2653 LONGWOOD DR
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	T
NAME	DAVIS, TROY
STREET ADDRESS	5936 APRIL STREET EAST
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	TR
NAME	GOODSON, LANE
STREET ADDRESS	5015 FAIRFAX WEST
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	T
NAME	RHEBERG, NINA
STREET ADDRESS	311 CRESAP ST.
CITY-ST-ZIP	LAKELAND, FL 33815
TITLE	President
NAME	Charles Ayles
STREET ADDRESS	1805 Michelle Lane
CITY-ST-ZIP	Lakeland, FL 33813
TITLE	Financial Secretary
NAME	Janis Mann
STREET ADDRESS	1005 E. Lake Parker Drive
CITY-ST-ZIP	Lakeland, FL 33801

DO NOT WRITE IN THIS SPACE

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: Troy A Davis 3-16-08 863-688-4775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #