

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000003011

1. Entity Name

LAKE DALE BAPTIST CHURCH, INC.



Principal Place of Business

**3102 HEARD BRIDGE RD
WAUCHULA, FL 33873 US**

Mailing Address

**3102 HEARD BRIDGE RD
WAUCHULA, FL 33873 US**



02052006 No Chg-NP

CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2334460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COKER, LARRY
2566 BOYD COWART RD
WAUCHULA, FL 33873**

**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

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, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME COKER, LARRY
STREET ADDRESS 2566 BOYD COWART RD
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE DV
NAME COKER, CARL
STREET ADDRESS 2594 BOYD COWART RD
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE DST
NAME GRACE, BILLY
STREET ADDRESS 2102 COUNTY RD 664A
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000445107
03/07/06-80032-002 61.25

**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:

Signature and typed or printed name of signing officer or director

2/9/06 863-773-4159
Date Daytime Phone #