


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90352 028 ****61.25

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|--|---|--|---|---|--|
| DOCUMENT # N97000002027 1. Entity Name LAKE HILL SOUTHERN BAPTIST CHURCH, INC. | | | |  | |
| Principal Place of Business 5165 CR 214 KEYSTONE HEIGHTS, FL 32656 | | | Mailing Address P O BOX 602 KEYSTONE HEIGHTS, FL 32656 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-1957060 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 5. Name and Address of Current Registered Agent BRADLEY, RALPH Deceased 7412 CR 315 KEYSTONE HEIGHTS, FL 32656 | | | 7. Name and Address of New Registered Agent Name Barbara B. Bradley Street Address (P.O. Box Number is Not Acceptable) 7412 CR 315 City Keystone Heights FL Zip Code 32656 | | |
| 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 Barbara B. Bradley <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | BB Bradley <small>(NOTE: Registered Agent signature required when reinstating)</small> | | 4/22/08 <small>DATE</small> | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRP BRADLEY, RALPH 7412 CR 315 KEYSTONE HEIGHTS, FL 32656 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRP Frank Brunt 6789 Doe Trail Keystone Heights, FL 32656 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRP DAVIDS, WILLIAM 5770 LISA LYNN LN KEYSTONE HEIGHTS, FL 32656 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRP Mike Myer 7558 Alameda Way Keystone Heights, FL 32656 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRP MICKLER, BRYANT 141 MARGIE LN MELROSE, FL 32666 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TRP Frank Christian 133 Margie Lane Melrose, FL 32666 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Barbara B. Bradley 7412 CR 315 Keystone Heights, FL 32656 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: BB Bradley | | Barbara B. Bradley | | 4/22/08 352-473-4191 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |