


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002339 (6)**

1. Corporation Name

LAKE TRAFFORD INDEPENDENT BAPTIST CHURCH, INC.



Principal Place of Business 1207 CARSON ROAD IMMOKALEE FL 34142	Mailing Address 1207 CARSON ROAD IMMOKALEE FL 34142
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3. Date Incorporated or Qualified

04/25/1997

4. FEI Number

65-0765977

Applied For

Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLBROOKS, HOYT
1207 CARSON ROAD
IMMOKALEE FL 34142**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	HOLBROOKS, HOYT
STREET ADDRESS	1207 CARSON ROAD
CITY-ST-ZIP	IMMOKALEE FL 34142
TITLE	VD <input type="checkbox"/> DELETE
NAME	RAYBURN, JERRY
STREET ADDRESS	004 NEW MARKET ROAD
CITY-ST-ZIP	IMMOKALEE FL 34142
TITLE	S <input type="checkbox"/> DELETE
NAME	DELUNA, ANGIE
STREET ADDRESS	4866 DELEON STREET APT #0-288
CITY-ST-ZIP	FORT MYERS FL 33907
TITLE	TD <input type="checkbox"/> DELETE
NAME	WRYALS, JAMES
STREET ADDRESS	1010 RAULERSON ROAD
CITY-ST-ZIP	IMMOKALEE FL 34142
TITLE	D <input type="checkbox"/> DELETE
NAME	DELUNA, RAY JR
STREET ADDRESS	4866 DELEON STREET APT #0-288
CITY-ST-ZIP	FORT MYERS FL 33907
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Wryals, James
4.3 STREET ADDRESS	1123 W. Madison Ave
4.4 CITY-ST-ZIP	Immokalee Fl 34142
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Signature]

CR2E037 (1097)