

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 01, 1999 8:00 am  
Secretary of State

06-01-1999 90047 039 \*\*\*\*61.25

0064992

DOCUMENT # N97000002339

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/25/1997

4. FEI Number

65-0765977

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

HOLBROOKS, HOYT  
1207 CARSON ROAD  
IMMOKALEE FL 34142

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME HOLBROOKS, HOYT  
STREET ADDRESS 1207 CARSON ROAD  
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE VD ☐ DELETE

NAME RAYBURN, JERRY  
STREET ADDRESS 604 NEW MARKET ROAD  
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE S ☐ DELETE

NAME DELUNA, ANGIE  
STREET ADDRESS 4666 DELEON STREET APT #0-288  
CITY-ST-ZIP FORT MYERS FL 33907

TITLE TD ☒ DELETE

NAME WRYALS, JAMES  
STREET ADDRESS 1123 W MADISON AVE  
CITY-ST-ZIP IMMOKALEE FL 34142

TITLE D ☐ DELETE

NAME DELUNA, RAY JR  
STREET ADDRESS 4666 DELEON STREET APT #0-288  
CITY-ST-ZIP FORT MYERS FL 33907

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ROBERT F. GREEN  
P.O. Box 2340  
IMMOKALEE, FL. 34143

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, with all other like empowered.

SIGNATURE:

*Robert F. Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-1-99-941-652-2430

CR2E037 (11/98)