

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 17, 2004 8:00 am**  
**Secretary of State**

09-17-2004 90003 014 \*\*\*\*70.00

**DOCUMENT # N97000002339**

1. Entity 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**

**24085487**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09022004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0765977**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLBROOKS, HOYT  
378 GARLAND CT  
LEHIGH ACRES, FL 33972**

Name

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

City

**FL**

Zip Code

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 September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HOLBROOKS, HOYT**  
STREET ADDRESS **1207 CARSON ROAD**  
CITY-ST-ZIP **IMMOKALEE, FL 34142**

TITLE **D** ☐ Delete  
NAME **ASHLEY, MARK**  
STREET ADDRESS **378 GARLAND CT**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33972**

TITLE **S** ☐ Delete  
NAME **DELUNA, ANGIE**  
STREET ADDRESS **1002 RAULERSON RD**  
CITY-ST-ZIP **LEHIGH ACRES, FL 33972**

TITLE **DV** ☐ Delete  
NAME **DELUNA, RAY JR**  
STREET ADDRESS **4666 DELEON ST. -APT #0288**  
CITY-ST-ZIP **FORT MYERS, FL 33907**

TITLE **D** ☐ Delete  
NAME **Bembry, DANNY D**  
STREET ADDRESS **1002 RANIERSON RD**  
CITY-ST-ZIP **IMMOKALEE, FL 34142**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **Bembry, Danny D**  
STREET ADDRESS **1002 Raulerson Rd**  
CITY-ST-ZIP **Immokalee 34142**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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:** Angela H Deluna Angela H Deluna 9/14/04 657-2830  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #