

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

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**



04022007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0765977

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

**HOLBROOKS, HOYT
1207 CARSON RD.
IMMOKALEE, FL 34142**

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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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLBROOKS, HOYT
STREET ADDRESS	1207 CARSON ROAD
CITY-ST-ZIP	IMMOKALEE, FL 34142
TITLE	S
NAME	DELUNA, ANGIE
STREET ADDRESS	378 GARLAND CT
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	DV
NAME	DELUNA, RAY JR
STREET ADDRESS	378 GARLAND CT
CITY-ST-ZIP	LEHIGH ACRES, FL 33972
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000694320
04/17/07-80012-025 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hoyt Holbrooks - Hoyt Holbrooks 4/3/07 (239) 657-2830