


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90475 034 \*\*\*\*61.25

<b>DOCUMENT # N97000004173</b> 1. Entity Name ROUND LAKE BAPTIST CHURCH OF ROUND LAKE, FLORIDA, INC.					
Principal Place of Business 4450 LAFAYETTE STREET MARIANNA, FL 32446 US				Mailing Address P.O. BOX 1508 MARIANNA, FL 32447 US	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BONDURANT, FRANK E 4450 LAFAYETTE STREET MARIANNA, FL 32446				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 May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS					
TITLE	D		<input checked="" type="checkbox"/> Delete		
NAME	NELSON, CHERYL				
STREET ADDRESS	189 PIKE POND ROAD				
CITY-ST-ZIP	CHIPLEY, FL 32428				
TITLE	T		<input type="checkbox"/> Delete		
NAME	CROVETTI, LIZABETH				
STREET ADDRESS	2150 CROVETTI WAY				
CITY-ST-ZIP	ALFORD, FL 32420				
TITLE	AT		<input type="checkbox"/> Delete		
NAME	WILLIAMS, JUDY				
STREET ADDRESS	1050 MILL ROAD				
CITY-ST-ZIP	ALFORD, FL 32420				
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JANE KENT				
STREET ADDRESS	2549 LAKE SIDE DR.				
CITY-ST-ZIP	ALFORD, FL 32420				
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Lizabeth A. Crovetti*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 LIZABETH A. CROVETTI

*May 1, 04* *850-579-4777*  
 Date Daytime Phone #