


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000004173 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					
DO NOT WRITE IN THIS SPACE						
<div style="text-align: right;"> 01042005 No Chg-NP CR2E037 (10/03) </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4. FEI Number 59-3364004</td> <td style="padding: 2px;">Applied For Not Applicable</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </td> </tr> </table>			4. FEI Number 59-3364004	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 59-3364004	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent BONDURANT, FRANK E 4450 LAFAYETTE STREET MARIANNA, FL 32446		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution... <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS		<div style="margin-bottom: 10px;"> U00000316650 04/19/05-80083-008 61.25 </div> DO NOT WRITE IN THIS SPACE				
TITLE	D					
NAME	KENT, JANE					
STREET ADDRESS	2549 LAKESIDE DR.					
CITY - ST - ZIP	ALFORD, FL 32420					
TITLE	T					
NAME	CROVETTI, LIZABETH					
STREET ADDRESS	2150 CROVETTI WAY					
CITY - ST - ZIP	ALFORD, FL 32420					
TITLE	AT					
NAME	WILLIAMS, JUDY					
STREET ADDRESS	1050 MILL ROAD					
CITY - ST - ZIP	ALFORD, FL 32420					
TITLE						
NAME						
STREET ADDRESS						
CITY - ST - ZIP						
TITLE						
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: <u>Judy Williams</u> <u>Judy Williams</u> <u>4-13-05</u> <u>850 579-4643</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						