


FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004786 (6)**

1. Corporation Name
FIRST BAPTIST CHURCH OF IMPERIAL LAKES, LAKELAND, FLORIDA, INC.

Principal Place of Business 1905 SHEPHERD ROAD LAKELAND FL	Mailing Address 1905 SHEPHERD ROAD LAKELAND FL
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3. Date Incorporated or Qualified
08/21/1997

4. FEI Number 59-3483203	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMMONS, TERRY
1905 SHEPHERD ROAD
LAKELAND FL**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SIMMONS, TERRY	
STREET ADDRESS	5305 ENDEAVOR AVENUE	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MERCER, RAY	
STREET ADDRESS	703 NORTH WARNELL STREET	
CITY-ST-ZIP	PLANT CITY FL 33568	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, GREG	
STREET ADDRESS	5102 BLACK BIRCH TRAIL	
CITY-ST-ZIP	MULBERRY FL 33880	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ARENA, MIKE	
STREET ADDRESS	5094 NORRISWOOD DRIVE	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SIMMONS, TERRY	
1.3 STREET ADDRESS	5305 ENDEAVOR AVE.	T
1.4 CITY-ST-ZIP	DOVER, FLA 33527	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID VANDERWIER	
2.3 STREET ADDRESS	6283 FORESTWOOD DR	T
2.4 CITY-ST-ZIP	LAKELAND, FL 33611	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DEVIN CORNER	
3.3 STREET ADDRESS	4033 HAMMOCK PLACE	T
3.4 CITY-ST-ZIP	MULBERRY, FL 33660	
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ARENA, MIKE	
4.3 STREET ADDRESS	5094 NORRISWOOD DR	T
4.4 CITY-ST-ZIP	MULBERRY, FLA 33860	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE: T. Michael Arena **T. MICHAEL ARENA** 6/10/98 941 650 4192

CFR2037 (10/97)