2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000004981

1. Entity Name
EAST LAKE BAPTIST FELLOWSHIP CHURCH, INC.



Principal Place of Business 25530 STATE RD 46 MT. PLYMOUTH, FL 32776 Mailing Address PO BOX 939 SORRENTO, FL 32776

FILED Jan 09, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01072004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3472943

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIKE EDGAR A

1207 LYNWOOD AVE APOPKA, FL 32703			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for thi lons of registered agent.	purpose of changing its registered	office or n	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and t	itle il applicable. (NOTE: Registered	Agent signature	e required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2004	Election Campaign Financ Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	
10,	OFFICERS AND DIF	RECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIKE, EDGAR A 1207 LYNWOOD AVE APOPKA, FL 32703	<u>.</u>		~ .	<u></u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, K STEVEN 1019 CHOKE CHERRY DR WINTER PARK, FL 32708				01/09/04-80034-008 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIECHERS, EDMOND 3808 ONDICH RD APOPKA, FL 32712		•	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			and against a s	IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. Thereby indicated	certify that the information supplied with this on this report or supplemental report is tru	s filing does not qualify for the exeme e and accurate and that my signatu	ption state re shall ha	d in Section 119,07(3 ve the same legal effe	(f), Florida Statutes. I further certify that the information act 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:

DERCES OF DIRECTOR