

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90007 015 ****70.00

DOCUMENT # N98000002313 1. Entity Name LAKEFELLOWSHIP BAPTIST CHURCH, INC.					
Principal Place of Business 400 CR 512 SEBASTIAN, FL 32958			Mailing Address PO BOX 780703 SEBASTIAN, FL 32978-0703		
2. Principal Place of Business 8000 66th Ave Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Vero Beach, FL		City & State		4. FEI Number 65-0850754	
Zip 32967		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALDERTON, TERRY 693 CARAVAN TERRACE SEBASTIAN, FL 32958				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VICKERS, SCOTT 10190 138TH AVE FELLSMERE, FL 32948	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Alderton, Terry 3825 15th St Mico, FL 32976	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EMPOLITI, MIKE 1541 OCEAN COVE SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pres Romer, Glenn 250 ZANE AVE SEBASTIAN, FL 32958	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, DALE 584 JOYHAVEN DR SEBASTIAN, FL 32958	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Brown, Dale 584 Joy Haven Dr SEBASTIAN, FL 32958	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALDERTON, TERRY 693 CARAVAN TERRACE SEBASTIAN, FL 32958	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALDERTON, TERRY 693 CARAVAN TERRACE SEBASTIAN, FL 32958	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROMER, GLENN 250 ZANE AVENUE SEBASTIAN, FL 32958	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Terry Alderton</i>			Terry Alderton 2/2/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		