

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000003712

1. Entity Name
LEHIGH COMMUNITY BAPTIST CHURCH, INC.



Principal Place of Business
908 GREENWOOD AVENUE
LEHIGH ACRES, FL 33972

Mailing Address
908 GREENWOOD AVENUE
LEHIGH ACRES, FL 33972

FILED
Mar 02, 2007 08:00 A
Secretary of State



02032007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0808424	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

JOHNSON, GARTRELL SR.
603 SCOTT AVENUE
LEHIGH ACRES, FL 33972

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

Filing Fee is \$61.25
Due by May 1, 2007

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

000000654232
03/13/07-80053-016 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CANADY, CHARLES REV.
STREET ADDRESS	908 GREENWOOD AVENUE
CITY-ST-ZIP	LEHIGH ACRES, FL 33972

TITLE	D
NAME	JOHNSON, GARTRELL SR.
STREET ADDRESS	603 SCOTT AVENUE
CITY-ST-ZIP	LEHIGH ACRES, FL 33972

TITLE	D
NAME	PONITER, GREGORY
STREET ADDRESS	607 SCOTT AVENUE
CITY-ST-ZIP	LEHIGH ACRES, FL 33972

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles V. Canady
Charles V. Canady

Date

2-4-07

Daytime Phone #

239-368-2939