


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90073 030 ****61.25

DOCUMENT # N99000007107					
1. Entity Name BREWER LAKE BAPTIST CHURCH OF DAY, FLORIDA, INC.					
Principal Place of Business POST OFFICE BOX 119 DAY, FL 32013			Mailing Address POST OFFICE BOX 119 DAY, FL 32013		
2. Principal Place of Business - No P.O. Box # 231 N.W. FULION STREET		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAY, FL		City & State		4. FEI Number 59-2340063	
Zip 32013		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, WAYMAN 4259 NW CR 251 MAYO, FL 32066			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 renouncing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 PD NAME SMITH, WAYMAN STREET ADDRESS 4259 NW CR 251 CITY-ST-ZIP MAYO, FL 32066	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VTD NAME DEES, KENNETH STREET ADDRESS 704 NW DEES ROAD CITY-ST-ZIP MAYO, FL 32066	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME BUCHANAN, MARVIN STREET ADDRESS 3665 NW CR 348 CITY-ST-ZIP MAYO, FL 32066	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HURST, RICHARD STREET ADDRESS 5436 NW CR 251 CITY-ST-ZIP MAYO, FL 32066	<input type="checkbox"/> Delete		TITLE _____ NAME HURST, RICHARD STREET ADDRESS _____ CITY-ST-ZIP _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BUCHANAN, MATTHEW STREET ADDRESS 727 NW SANTA AGNES ROAD CITY-ST-ZIP MAYO, FL 32066	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS 3489 NW CR 348 CITY-ST-ZIP _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BROUGHTON, ALLEN STREET ADDRESS PO BOX 51 CITY-ST-ZIP DAY, FL 32013	<input type="checkbox"/> Delete		TITLE _____ NAME BROUGHTON, ALLEN STREET ADDRESS _____ CITY-ST-ZIP _____	<input checked="" 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 fee empowered.					
SIGNATURE: <i>Wayman K. Smith</i>			WAYMAN SMITH		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/18/07		
<small>Date</small>			386-294-1578		
<small>Daytime Phone #</small>					