

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90008 010 ****61.25

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1. Entity Name
**BREWER LAKE BAPTIST CHURCH OF DAY, FLORIDA,
INC.**



Principal Place of Business

**231 N.W. FULTON ST
DAY, FL 32013**

Mailing Address

**POST OFFICE BOX 119
DAY, FL 32013**

40041004



DO NOT WRITE IN THIS SPACE

02272008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-2340063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, WAYMAN
4259 NW CR 251
MAYO, FL 32066**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, WAYMAN
STREET ADDRESS	4259 NW CR 251
CITY-ST-ZIP	MAYO, FL 32066
TITLE	VTD
NAME	DEES, KENNETH
STREET ADDRESS	704 NW DEES ROAD
CITY-ST-ZIP	MAYO, FL 32066
TITLE	SD
NAME	BUCHANAN, MARVIN
STREET ADDRESS	3665 NW CR 348
CITY-ST-ZIP	MAYO, FL 32066
TITLE	D
NAME	HURST, RICHARD
STREET ADDRESS	5436 NW CR 251
CITY-ST-ZIP	MAYO, FL 32066
TITLE	D
NAME	BUCHANAN, MATTHEW
STREET ADDRESS	3489 NW CR 348
CITY-ST-ZIP	MAYO, FL 32066
TITLE	D
NAME	BROUGHTON, ALLEN
STREET ADDRESS	PO BOX 51
CITY-ST-ZIP	DAY, FL 32013

**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

3-3-08

Date

386-2941875

Daytime Phone #