

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 765693

**FILED**  
**Jan 13, 2017**  
**Secretary of State**  
**CC4412141027**

**Entity Name:** BAPTIST TEMPLE OF DUNDEE, INC.

**Current Principal Place of Business:**

CORNER OF CENTER STREET AND LAKE STREET  
DUNDEE, FL 33838

**Current Mailing Address:**

CORNER OF CENTER STREET AND LAKE STREET  
P.O. BOX 937 C/O PASTOR ELTON OVITT  
DUNDEE, FL 33838

**FEI Number:** 59-3154860

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OVITT, ELTON B  
4925 CYPRESS GARDENS ROAD LOT 54  
WINTER HAVEN, FL 33884 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DEACON  
Name WARD, EARL  
Address 6601 SCENIC POINT DRIVE  
City-State-Zip: WINTER HAVEN FL 33884

Title TRUSTEE  
Name CLARK, MATT  
Address 4925 CYPRESS GARDENS ROAD  
LOT 124  
City-State-Zip: HAINES CITY FL 33884

Title SECRETARY  
Name WILLIAMS, MONICA R  
Address CORNER OF CENTER STREET AND  
LAKE STREET  
P.O. BOX 937 C/O PASTOR ELTON  
OVITT  
City-State-Zip: DUNDEE FL 33838

Title PASTOR  
Name OVITT, ELTON B  
Address 4925 CYPRESS GARDENS ROAD  
LOT # 54  
City-State-Zip: WINTER HAVEN FL 33884

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELTON OVITT

**PASTOR**

**01/13/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date