

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711277 (4)

1. Corporation Name

LAKE OLA BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

6551 SADLER RD
P.O. BOX 221
ZELLWOOD FL 32798

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P.O. BOX 221
ZELLWOOD FL 32798

3. Date Incorporated or Qualified
08/01/1966

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1156605

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELDRED, FRANKLIN
2031 OAK CIRCLE
MT DORA FL 32757

81 Name

HEATON, P.L.

82 Street Address (P.O. Box Number is Not Acceptable)

6823 OSAGE DRIVE

83

P.O. BOX 296 (ZELLWOOD FL 32798)

84 City

MT DORA

FL

85 Zip Code

32757

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/3/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME CALDWELL, HARVEY
STREET ADDRESS P.O. BOX 753
CITY-ST-ZIP MOUNT DORA FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME PIXTON, ROBERT
1.3 STREET ADDRESS 14 SPANISH OAK LANE
1.4 CITY-ST-ZIP APOPKA FL 32703

TITLE D ☒ DELETE
NAME ELDRED, FRANKLIN
STREET ADDRESS 2031 OAK CIRCLE
CITY-ST-ZIP MT. DORA FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME LAMBERT, ESTEL
2.3 STREET ADDRESS P.O. BOX 159 (5828 JACQUelyn DR.)
2.4 CITY-ST-ZIP ZELLWOOD FL 32798

TITLE D C ☐ DELETE
NAME HEATON, P.L.
STREET ADDRESS PO BOX 296 N/A
CITY-ST-ZIP TANGERINE FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME GILBERT, WILLIAM
3.3 STREET ADDRESS 31601 ALANE CT.
3.4 CITY-ST-ZIP TAVARES FL 32778

TITLE ☐ DELETE
NAME PAXTON, ROBERT
STREET ADDRESS 14 SPANISH OAK LN
CITY-ST-ZIP APOPKA FL 32703

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME GREEN, RAY
4.3 STREET ADDRESS PO BOX 486 (5844 ROUND LAKE RD)
4.4 CITY-ST-ZIP ZELLWOOD FL 32798

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME 200001818842
5.3 STREET ADDRESS -05/13/96--01058--011
5.4 CITY-ST-ZIP ***61.25

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

P.L. Heaton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

DATE

352-383-5201

Daytime Phone #

CR2E037 (12/95)