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03-04-1999 90162 029 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711277

1. Corporation Name

LAKE OLA BAPTIST CHURCH, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

08/01/1966

4. FEI Number

59-1156605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**PIXTON, ROBERT
4145 DORE WOOD AVE
MT DORA FL 32757**

10. Name and Address of New Registered Agent

81 Name **BRAGG, CECIL**
82 Street Address (P.O. Box Number is Not Acceptable)
P.O. BOX 866 NA
83 **ZELLWOOD, FL.**
84 City **32798** **FL** 85 Zip Code

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

CECIL BRAGG, CT (X)

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

(NOTE: Registered Agent signature required when reinstating)

2/1/99

12. OFFICERS AND DIRECTORS

TITLE	CT	<input checked="" type="checkbox"/> DELETE
NAME	PIXTON, ROBERT	
STREET ADDRESS	4145 DORA WOOD AVE	
CITY-ST-ZIP	MT DORA FL 32757	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	COOLEY, ESTEL	
STREET ADDRESS	28208 TAMMI DR	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRAGG, CECIL	
STREET ADDRESS	P.O. BOX 866 N/A	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT, WILLIAM	
STREET ADDRESS	31601 ALANE CT.	
CITY-ST-ZIP	TAVARES FL 32278	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, RAY	
STREET ADDRESS	P.O. BOX 486 (5844 ROUNDLAKE RD.)	
CITY-ST-ZIP	ZELLWOOD FL 32798	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CT
1.3 STREET ADDRESS	BRAGG, CECIL
1.4 CITY-ST-ZIP	P.O. 866 NA, ZELLWOOD, FL 32798
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	T
2.3 STREET ADDRESS	KINSEY, CHARLES
2.4 CITY-ST-ZIP	3660 OHIO AVE., Mt. DORA, 32757
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	T
3.3 STREET ADDRESS	LYNCH, DELORIS
3.4 CITY-ST-ZIP	PO BOX 1256 NA, ZELLWOOD, FL 32798
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T
4.3 STREET ADDRESS	MEADOWS, KAYE
4.4 CITY-ST-ZIP	27-D E1 Red DR., TAVARES, FL 32778
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T
5.3 STREET ADDRESS	PIERCE, RAY
5.4 CITY-ST-ZIP	PO BOX 415, TANGERINE, FL 32777
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

CECIL BRAGG (X)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99 (407) 889-4450

CR2E037 (1198)