

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90011 011 ****70.00

DOCUMENT # 711277

1. Entity Name

LAKE OLA BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1156605

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KINSEY, CHARLES N
3660 OHIO AVENUE
MOUNT DORA FL 32757**

Name **Chadwick, Hargis**

Street Address (P.O. Box Number is Not Acceptable)
730 Haas Road

City **Apopka**

FL

Zip Code
32712

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.

SIGNATURE

Charles Kinsey

Chadwick Hargis

1-27-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **LYNCH, DELORIS**
STREET ADDRESS **P O BOX 1256**
CITY-ST-ZIP **ZELLWOOD FL 32798**

TITLE ☐ Change ☒ Addition
NAME **Trustee**
STREET ADDRESS **Green, Ray**
CITY-ST-ZIP **5844 Round Lake Road**
Apopka, FL 32712

TITLE ☒ Delete
NAME **KINSEY, CHARLES**
STREET ADDRESS **3660 OHIO AVE**
CITY-ST-ZIP **MT DORA FL 32757**

TITLE ☐ Change ☒ Addition
NAME **Chairman of Trustees**
STREET ADDRESS **Chadwick, Hargis**
CITY-ST-ZIP **730 Haas Road**
Apopka, FL 32712

TITLE ☒ Delete
NAME **GILBERT, WILLIAM**
STREET ADDRESS **31601 ALANE CT**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ Change ☒ Addition
NAME **Trustee**
STREET ADDRESS **Geneva Walker**
CITY-ST-ZIP **2485 Old Dixie Highway**
Plymouth, FL 32768

TITLE ☐ Delete
NAME **COOLEY, ESTEL**
STREET ADDRESS **6551 SADLER RD.(P.O. BOX 221)**
CITY-ST-ZIP **ZELLWOOD FL 32798**

TITLE ☒ Change ☐ Addition
NAME **Cooley, Estel (Trustee)**
STREET ADDRESS **28208 Tammi Drive**
CITY-ST-ZIP **Tavares, FL 32778**

TITLE ☒ Delete
NAME **MEADOWS, KAYE**
STREET ADDRESS **27 D EL RED DR.**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Chadwick Hargis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-02

CR2E037 (9/01)