2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 11, 2003 8:00 am Secretary of State **DOCUMENT # 711277** 04-11-2003 90170 013 ****61.25 LAKE OLA BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 6551 SADLER RD 6551 SADLER RD P.O. BOX 221 P.O. BOX 221 ZELLWOOD FL 32798 ZELLWOOD FL 32798 2. Principal Place of Business 3. Mailing Address CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number 59-1156605 Applied For City & State Not Applicable Zip Country qiZ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARGIS, CHADWICKis Not Acceptable) 730 HAAS RD APOPKA FL 32712 Zip Code 327 98 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 **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete ☐ Addition TITLE TITLE GREEN, RAY NAME NAME STREET ADDRESS 5844 ROUND LAKE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32712 ☐ Addition Change : CT HARGIS, CHADWICK CECIL Bragg TITLE cecil Braga 5702 Jaculy Drive NAME NAME STREET ADDRESS 730 HAAS RD STREET ADDRESS zellwood, 71. 32798 CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP ☐ Addition - 🔀 - Change TITLE TITLE paul Miller Walker, Geneva NAME NAME 5136 Jones Ave. 2485 OLD DIXIE HWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Zeilwood, HL. 32798 CITY-ST-7IP PLYMOUTH FL 32768 ☐ Addition Change ☐ Delete TITLE COOLEY, ESTEL NAME NAME STREET ADDRESS **28208 TAMMI DR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAVARES FL 32778** ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 the powered. Church # <

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ Defete

>352-383-7920

FILED

☐ Addition