

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700074

1. Entity Name

CRYSTAL LAKE BAPTIST CHURCH, INC.

Principal Place of Business

1000 MT. AIRY AVE
LAKELAND FL 33801

Mailing Address

1000 MT. AIRY AVE
LAKELAND FLA 33801-6257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENRY, SHIRLEY
1510 CLAIRDALE LANE
LAKELAND FL 33801

Name

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

City

FL

Zip Code

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

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 P ☐ Delete
NAME HARDAKER, CLEO C
STREET ADDRESS 1000 MT AIRY AVE
CITY-ST-ZIP LAKELAND, FL 00000 33801

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

TITLE D ☐ Delete
NAME WEATHERFORD, PERRY
STREET ADDRESS 1000 MT AIRY AVE
CITY-ST-ZIP LAKELAND, FL 00000 33801

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

TITLE D ☐ Delete
NAME APLIN, BILLY
STREET ADDRESS 1000 MT ATRY AVENUE
CITY-ST-ZIP LAKELAND FL 33801

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

TITLE S ☐ Delete
NAME YATES, WALDON
STREET ADDRESS 1000 MT AIRY AVE
CITY-ST-ZIP LAKELAND, FL 00000 33801

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

TITLE D ☐ Delete
NAME GOHEEN, DAVID
STREET ADDRESS 1000 MT AIRY AVE
CITY-ST-ZIP LAKELAND, FL 00000

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

TITLE TD ☐ Delete
NAME HENRY, SHIRLEY F.
STREET ADDRESS 1000 MT AIRY AVE
CITY-ST-ZIP LAKELAND FL

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

Shirley F. Henry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Shirley F. Henry

2-9-2000 (863)665-8234

Date

Daytime Phone #

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90034 041 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0941730 ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (9/99)