## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT# 702346**

Title:

Name:

Address:

City-St-Zip:

VD

BARWIG, DAN

3915 TIMBERLAKE RD,S

LAKELAND, FL 33810

( ) Delete

Entity Name: COMMUNITY BAPTIST CHURCH OF LAKELAND, INC.

FILED Feb 27, 2002 8:00 AM Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 302 LONGFELLOW BLVD. LAKELAND, FL 33801 **Current Mailing Address: New Mailing Address:** 302 LONGFELLOW BLVD. LAKELAND, FL 33801 FEI Number: 59-0998190 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARWIG, DAN 3915 TIMBERLAKE RD,S LAKELAND, FL 33810 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete KEIM RUSSELL, Name: Name: Address: 2774 GALE ROSE DR Address: City-St-Zip: LAKELAND, FL City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: SHELDON, DENISE Name: Address: 4015 CIND RD Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip: Title: () Delete Title: () Change () Addition KEIM, RUSSELL Name: Name: 2774 GALE ROSE DR Address: Address: City-St-Zip: LAKELAND, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RUSSELL KEIM PD 02/27/2002

() Change () Addition