FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 10 PM 7:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715323 (2)

1. Corporation Name

LAKECREST COMMUNITY BAPTIST CHURCH, INC., EAU GA LLIE, FLORIDA

Principal Place of Business	Mailing Address
4050 LAKE WASHINGTON ROAD MELBOURNE FL 32934	4050 LAKE WASHINGTON ROAD MELBOURNE FL 32934

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/27/1968
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-2288802 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ACEVEDO, JORGE
2014 GARNER AVE
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	ACEVEDO, JORGE	1.2 NAME	
STREET ADDRESS	2014 GARNER AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	AT	2.1 TITLE	☐ Change ☐ Addition
NAME	BOWEN, TERRI	2.2 NAME	
STREET ADDRESS	1007 PACE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NW PALM BAY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	CHIMELIS, VINCE	3.2 NAME	Jay Johnson
STREET ADDRESS	4390 LAKEGLEN DR.	3.3 STREET ADDRESS	2792 S. Breeze Rd.
CITY-ST-ZIP	MELBOURNE FL	3.4 CITY-ST-ZIP	Melbourne, Fl. 32935
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HARE, TODD	4.2 NAME	
STREET ADDRESS	1602 ALBERT DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BOLYN, JOSEPH	5.2 NAME	
STREET ADDRESS	2792 S BREEZE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	Ray Curren
STREET ADDRESS		6.3 STREET ADDRESS	4438 Twin Lakes Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Melbourne, Fl. 32934

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jorge L Acevedo Jorge Acevedo, Pastor Feb. 24, 1995 407 254-9860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

003101