

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**



3. Date Incorporated or Qualified
09/27/1968

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ACEVEDO, JORGE
2014 GARNER AVE
MELBOURNE FL 32935**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

1.1 TITLE

T ☒ Change ☐ Addition

NAME

ACEVEDO, JORGE

1.2 NAME

Jay Johnson

STREET ADDRESS

2014 GARNER AVE

1.3 STREET ADDRESS

2792 S. Breeze Rd.

CITY-ST-ZIP

MELBOURNE FL

1.4 CITY-ST-ZIP

Melbourne, FL 32935

TITLE

AT ☒ DELETE

2.1 TITLE

☐ Change ☐ Addition

NAME

BOWEN, TERRI

2.2 NAME

☐ Change ☐ Addition

STREET ADDRESS

1007 PACE DR

2.3 STREET ADDRESS

☐ Change ☐ Addition

CITY-ST-ZIP

NW PALM BAY FL

2.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE

D ☒ DELETE

3.1 TITLE

☐ Change ☒ Addition

NAME

JOHNSON, JAY

3.2 NAME

Joe Buhler

STREET ADDRESS

2792 S BREEZE ROAD

3.3 STREET ADDRESS

401 Poinciana Drive

CITY-ST-ZIP

MELBOURNE FL

3.4 CITY-ST-ZIP

Melbourne, FL 32935

TITLE

D ☐ DELETE

4.1 TITLE

☐ Change ☒ Addition

NAME

HARE, TODD

4.2 NAME

Bobby Bowen

STREET ADDRESS

1602 ALBERT DR

4.3 STREET ADDRESS

1007 Pace Drive NW

CITY-ST-ZIP

MELBOURNE FL

4.4 CITY-ST-ZIP

Palm Bay, FL 32907

TITLE

D ☒ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

BOLYN, JOSEPH

5.2 NAME

☐ Change ☐ Addition

STREET ADDRESS

2792 S BREEZE RD

5.3 STREET ADDRESS

☐ Change ☐ Addition

CITY-ST-ZIP

MELBOURNE FL

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

D ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

CURREN, RAY

6.2 NAME

☐ Change ☐ Addition

STREET ADDRESS

4438 TWIN LAKES DRIVE

6.3 STREET ADDRESS

☐ Change ☐ Addition

CITY-ST-ZIP

MELBOURNE FL

6.4 CITY-ST-ZIP

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)(k), 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 L. Acevedo**

April 30, 1996 **407-254-9860**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)