

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715323

1. Entity Name

LAKECREST COMMUNITY BAPTIST CHURCH, INC., EAU GA

Principal Place of Business

4050 LAKE WASHINGTON ROAD
MELBOURNE FL 32934

Mailing Address

4050 LAKE WASHINGTON ROAD
MELBOURNE FL 32934-7657

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2288802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ACEVEDO, JORGE
2014 GARNER AVE
MELBOURNE FL 32935

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 ☒ Delete
NAME T
STREET ADDRESS BONAVITO, RAY
CITY-ST-ZIP 3174 BRENTWOOD LANE
MELBOURNE FL 32934

TITLE ☐ Delete
NAME DT
STREET ADDRESS HARE, TODD
CITY-ST-ZIP 1602 ALBERT DR
MELBOURNE FL

TITLE ☐ Delete
NAME T
STREET ADDRESS ROBERTS, DWIGHT SR.
CITY-ST-ZIP 4385 POST ROAD
MELBOURNE FL 32934

TITLE ☐ Delete
NAME DT
STREET ADDRESS BORING, HAL
CITY-ST-ZIP 2417 MAJESTIC AVE
MELBOURNE FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME T
STREET ADDRESS Ray, Cecil
CITY-ST-ZIP 698 Castaneda St. NW
Palm Bay, FL 32907

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90097 026 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)