

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 715323**

1. Entity Name

LAKECREST COMMUNITY BAPTIST CHURCH, INC.**FILED**
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90857 022 ****61.25

Principal Place of Business

**4050 LAKE WASHINGTON ROAD
MELBOURNE FL 32934**

Mailing Address

**4050 LAKE WASHINGTON ROAD
MELBOURNE FL 32934**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State:

City & State:

4. FEI Number

59-2288802

Applied For

Not Applicable

Zip

Country

Zip

Country

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

*April 28, 2002***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**TITLE **T** ☐ Delete
NAME **RAY, CECIL**
STREET ADDRESS **698 CASTANADA ST NW**
CITY-ST-ZIP **PALM BAY FL 32907**TITLE **DT** ☐ Delete
NAME **HARE, TODD**
STREET ADDRESS **1602 ALBERT DR**
CITY-ST-ZIP **MELBOURNE FL**TITLE **T** ☐ Delete
NAME **ROBERTS, DWIGHT SR.**
STREET ADDRESS **4385 POST ROAD**
CITY-ST-ZIP **MELBOURNE FL 32934**TITLE **T** ☐ Delete
NAME **POWER, ROBB**
STREET ADDRESS **550 EDWARD RD**
CITY-ST-ZIP **MELBOURNE FL 32904**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

April 28, 2002 321-254-9860

Date

Daytime Phone #

CR2E037 (9/01)