


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90033 018 \*\*\*\*61.25

<b>DOCUMENT # 715323</b> 1. Entity Name <b>LAKECREST COMMUNITY BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>4050 LAKE WASHINGTON ROAD MELBOURNE, FL 32934</b>			Mailing Address <b>4050 LAKE WASHINGTON ROAD MELBOURNE, FL 32934</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number <b>59-2288802</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ACEVEDO, JORGE 2014 GARNER AVE MELBOURNE, FL 32935</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RAY, CECIL		NAME	<del>DOUG</del>	
STREET ADDRESS	698 CASTANADA ST NW		STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL 32907		CITY-ST-ZIP		
TITLE	DT		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARE, TODD		NAME	Taylor, Doug	
STREET ADDRESS	1602 ALBERT DR		STREET ADDRESS	2985 Pebble Creek St	
CITY-ST-ZIP	MELBOURNE, FL		CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	T		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEDDIN, DON		NAME	Sobin, Doug	
STREET ADDRESS	4655 CAROLWOOD DRIVE		STREET ADDRESS	2600 Shellwood Dr.	
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP	Melbourne, FL 32934	
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, GARY		NAME		
STREET ADDRESS	3733 THOMAS PLACE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32934		CITY-ST-ZIP		
TITLE	T		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELGADO, AXEL		NAME		
STREET ADDRESS	1580 WEKIVA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, FL 32940		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <u>Gary P. Thomas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>7/27/05</u> Daytime Phone # <u>321-259-8030</u>		