

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718142

1. Entity Name

LAKESIDE BAPTIST CHURCH OF ORLANDO, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90010 031 ****61.25

Principal Place of Business

Mailing Address

9635 BEAR LAKE RD
APOPKA FL 32703

9635 BEAR LAKE RD
APOPKA FL 32703-1922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2426615

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

PENNA, HOYLE
5405 PITCH PINE
ORLANDO FL 32811

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
NAME TC
STREET ADDRESS PENNA, HOYLE
CITY-ST-ZIP 5405 PITCH PINE
ORLANDO FL 32811 ☐ Delete

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

TITLE
NAME T
STREET ADDRESS VAUGHN, CHARLES
CITY-ST-ZIP 1000 DOUGLAS AVE. APT. 174
ALTAMPNTE SPRINGS FL 32714 ☐ Delete

TITLE
NAME ☒ Change ☐ Additio
STREET ADDRESS
CITY-ST-ZIP ALTAMONTE (ONLY 1 WORD)

TITLE
NAME T
STREET ADDRESS TYREE, JAMES F
CITY-ST-ZIP 1924 LAKE ALMA DR
APOPKA FL 32712 ☒ Delete

TITLE
NAME T
STREET ADDRESS EDWARDS, THOMAS H.
CITY-ST-ZIP 116 CUMBERLAND CIR E
LONGWOOD FL 32779 ☒ Change ☐ Additio

TITLE
NAME I
STREET ADDRESS BENNETT, GENE
CITY-ST-ZIP 2728 AMT ☐ Delete

TITLE
NAME T
STREET ADDRESS BENNETT, GENE
CITY-ST-ZIP 2728 AMBROSIA CT
APOPKA, FL 32703 ☐ Change ☒ Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME T
STREET ADDRESS FERULLO, ALAN
CITY-ST-ZIP 1013 JEROME WAY
APOPKA, FL 32703 ☐ Change ☒ Additio

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME T
STREET ADDRESS THOMAS, SOHN
CITY-ST-ZIP 308 MANTIS LOOP
APOPKA, FL 32703 ☐ Change ☒ Additio

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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-00 407-84173