

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90306 036 \*\*\*\*61.25

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**DOCUMENT # 718142**

1. Entity Name

**LAKESIDE BAPTIST CHURCH OF ORLANDO, INC.**

Principal Place of Business

Mailing Address

9635 BEAR LAKE RD  
 APOPKA FL 32703

9635 BEAR LAKE RD  
 APOPKA FL 32703

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

**59-2426615**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

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 Hoyle Penna

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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TC	PENNA, HOYLE	5405 PITCH PINE	ORLANDO FL 32811	<input type="checkbox"/>
T	EDWARDS, THOMAS H	116 CUMBERLAND CIRCLE	LONGWOOD FL 32779	<input type="checkbox"/>
T	BENNETT, GENE	2728 AMBROSIA CT	APOPKA FL 32703	<input type="checkbox"/>
T	FERULLO, ALAN	1013 JEROME WAY	APOPKA FL 32703	<input type="checkbox"/>
T	THOMAS, JOHN	308 MANTIS LOOP	APOPKA FL 32703	<input checked="" type="checkbox"/>
T	Robert Dake	2938 Bermuda Ave.	Apopka, FL 32703	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Gene D. Bennett  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02 407-880-2688  
 Date Daytime Phone #

CR2E037 (9/01)