

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortherm
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721064 (4)

1. Corporation Name

LAKE FOREST BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**5121 E UNIVERSITY AVE
GAINESVILLE FL 32601**

**5121 E UNIVERSITY AVE
GAINESVILLE FL 32601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1971

3a. Date of Last Report

06/06/1994

4. FBI Number

59-1292853

Applied For

Not Applicable

5. Certificate of Status Declared

☐

**\$0.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CROUCH, ALLEN T.
113 N.E. 16TH AVE.
GAINESVILLE FL 32601**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC
NAME	SELF, HEBRON
STREET ADDRESS	3211 SE 33RD AVE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	MCDONALD, PATRICK
STREET ADDRESS	202 SE 51ST ST.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	S
NAME	POWERS, DANA
STREET ADDRESS	2911 NE 16TH DR.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	POWERS, SHANE
STREET ADDRESS	2911 NE 16TH DR.
CITY - ST - ZIP	GAINESVILLE FL
TITLE	D
NAME	SUMNER, LOUISE
STREET ADDRESS	204 NE 47TH TERRACE
CITY - ST - ZIP	GAINESVILLE FL
TITLE	P
NAME	SUMNER, THOMAS
STREET ADDRESS	204 N.E. 47TH TERRACE
CITY - ST - ZIP	GAINESVILLE FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Louise Sumner, Louise Sumner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 11, 1995 (94)378-1100

DATE

TYPEWRITTEN OR PRINTED