FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: **06/01/1971**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: 32641
Country — 25:
Zip — 29: 32641
Country — 30:

4. FEI Number: **59-1292853** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Allen Crouch — 2-2-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SELF, HEBRON		1.2 NAME		
STREET ADDRESS	3211 SE 33RD AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCDONALD, PATRICK		2.2 NAME		
STREET ADDRESS	202 SE 51ST ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	S	☑ Change ☐ Addition
NAME	POWERS, DANA		3.2 NAME	Powers, Dana	
STREET ADDRESS	2911 NE 16TH DR.		3.3 STREET ADDRESS	3621 S.E. 29th Blvd.	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	Gainesville, FL 32641	
TITLE	D	☐ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	POWERS, SHANE		4.2 NAME	Powers, Shane	
STREET ADDRESS	2911 NE 16TH DR.		4.3 STREET ADDRESS	3621 S.E. 29th Blvd.	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	Gainesville, Fl 32641	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SUMNER, LOUISE		5.2 NAME		
STREET ADDRESS	204 NE 47TH TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SUMNER, THOMAS		6.2 NAME		
STREET ADDRESS	204 N.E. 47TH TERRACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 617, 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 2-2-96 (352)378-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #