FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State
04-19-1999 90074 019 ****61.25

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DOCUMENT # 721064

1. Corporation Name

LAKE FOREST BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
5121 E UNIVERSITY AVE GAINESVILLE FL 32641 US	5121 E UNIVERSITY AVE GAINESVILLE FL 32641 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed
06/01/1971

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

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

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	POWERS, D		3.2 NAME	
STREET ADDRESS	3621 SW 29TH BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32641		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SHANE, POWERS		4. 2 NAME	
STREET ADDRESS	3621 SE 29TH BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCDONALD, J		5.2 NAME	
STREET ADDRESS	202 SE 51ST ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32641		5.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFIS, S		6.2 NAME	
STREET ADDRESS	204 NE 47TH TERR		6.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 23641		6.4 CITY-ST-ZIP	

CR2E037 (1/1/98)

14. 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 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, with all other like empowered.

SIGNATURE: Joyce M. McDonald SIGNATURE REQUIRED Joyce M. McDonald 4-13-99 378-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #