2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90065 019 ****61.25

0065260

DOCUMENT # 721064

1. Entity 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

DO NOT WRITE IN THIS SPACE

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 59-1292853 ☐ Applied For ☐ Not Applicable

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
CROUCH, ALLEN T. 113 N.E. 16TH AVE. GAINESVILLE FL 32601	Name: T. Allen Crouch Street Address (P.O. Box Number Not Acceptable): 113 N.E 16th Ave City: Gainesville, Fla FL Zip Code: 32601

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 / STREET ADDRESS / CITY-ST-ZIP	DC GOODBRED, PHILIP 211 SE 31ST STREET GAINESVILLE FL 32641	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Chairman Theodore R. Bassett III 3045 S.E 46th Street Gainesville, Fl 32641	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCDONALD, PATRICK 202 SE 51ST ST. GAINESVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T POWERS, D 3621 SE 29TH BLVD GAINESVILLE FL 32641	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHANE, POWERS 3621 SE 29TH BLVD GAINESVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EVERINGTON, MARY 3232 SE 15 AVE GAINESVILLE FL 32641	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Nichole Wolfe 10621 S.W. 143rd St. Archer, Fl 32618	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRIFFIS, S 204 NE 47TH TERR GAINESVILLE FL 23641	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Nichole Wolfe SIGNATURE REQUIRED Nichole M Wolfe March 26, 2002 (352) 378-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #