2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Secretary of State DOCUMENT # 721064 1. Entity Name 02-16-2005 90041 002 ****61.25 LAKE FOREST BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 5121 E UNIVERSITY AVE 5121 E UNIVERSITY AVE GAINESVILLE FL 32641 GAINESVILLE FL 32641 50016144 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-1292853 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, ALUSE Street Address (P.O. Box Number is Not Acceptable) 1511 NW 6TH ST **GAINESVILLE FL 32601** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. angel Barcia 19 SE 47 Street Delete ☐ Change Addition TITLE TITLE BASSETT, THEODORE R NAME NAME 3045 S E ANN STREET STREET ADDRESS STREET ADDRESS Gainesorbe 76- 32641 GAINESVILLE FL 32641 CITY-ST-7IP CITY-ST-ZIP FITLE □ Addition TITLE ☐ Delete MCDONALD, PATRICK NAME 5274 SE 4TH AVE STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32641 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change MCDONALD, JOYCE NAME NAME 5274 SE 4TH AVE STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32641 CLTY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE ☐ Change MANN, DAVID NAME NAME 8401 NW 13TH ST., LOT 132 STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32653 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition FOGARTY, DANIELLE NAME NAME 3009 SE HAWTHORNE ROAD STREET ADDRESS STREET ADDRESS GAINESVILLE FL 32641 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition THEODORE, BASSETT NAME NAME 3045 SE 46TH ST. STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32641** CITY-ST-ZIP CITY-ST-ZIP 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.

OFFICER OR DIRECTOR

FILED

Feb 16, 2005 8:00 am

Daytime Phone #