

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90026 049 ****61.25

DOCUMENT # 721064

1. Entity Name
LAKE FOREST BAPTIST CHURCH, INC.



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

Mailing Address
5121 E UNIVERSITY AVE
GAINESVILLE, FL 32641 US

40001001



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

01082007 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-1292853

Applied For
Not Applicable

Zip Country

Zip Country

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

BROWN, ALUSE
1511 NW 6TH ST
GAINESVILLE, FL 32601

Name

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

City

FL

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)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
GARCIA, ANGEL
29 SE 47 STREET
GAINESVILLE, FL 32641 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCDONALD, PATRICK
5274 SE 4TH AVE
GAINESVILLE, FL 32641 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BATCHELOR, GEORGE
5927 NW 43 PL
GAINESVILLE, FL 32606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MANN, DAVID
8401 NW 13TH ST., LOT 132
GAINESVILLE, FL 32653 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
THEODORE, BASSETT
3045 SE 46TH ST.
GAINESVILLE, FL 32641 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-07