2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 20, 2008 8:00 am Secretary of State **DOCUMENT # 721064** 1. Entity Name 03-20-2008 90026 050 ****61.25 LAKE FOREST BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 5121 E UNIVERSITY AVE GAINESVILLE FL 32641 5121 E UNIVERSITY AVE GAINESVILLE FL 32641 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suire. Apr. #. erc 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-1292853 Not Applicable Zip Country 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 BROWN, ALUSE Street Address (P.O. Box Number is Not Acceptable) 1511 NW 6TH ST GAINESVILLE FL 32601 City 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 signasure required when reinstating) CATE FILE NOW: FEE:IS S61:25: Due By May 1, 2008 \$5.00 May Be Make Check Payable to 9. Election Campaign Financing Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. CD TITLE ☐ Delete TITLE Change GARCIA, ANGEL MAME NAME GEORGE BRABHAM 29 SE 47 STREET STREET ADDRESS STREET ADDRESS 3110 SE 29 LN GAINESVILLE FL 32641 32641 1 CITY-ST-ZIP CITY-ST-ZIP ALNESVILLE ☐ Delete TITLE Change TITLE Addition ANGEL GARCIA MCDONALD, PATRICK NAME MAME 5274 SE 4TH AVE STREET ADDRESS STREET ADDRESS SE 47 ST INESVILLE **GAINESVILLE FL 32641** FL. 32641 City-St-ZiP CITY-ST-ZIP TITLE Delete TITLE ☐ Change BATCHELOR, GEORGE DON NAME NAME 5927 NW 43 PL STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32606** NILLISTON FL 32696 CITY-ST-7IP CITY-ST-ZIP Dalete THE TITLE Change no:tibbA [] THEODORE, BASSETT MAME NAME STREET ADDRESS 3045 SE 46TH ST. STREET ADDRESS CITY-ST-7IP GAINESVILLE FL 32641 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ANDRESS CRY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2/3/08

(352) 378-1747

FILED