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Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721684** (9)

1. Corporation Name

**LAKEVILLE ROAD BAPTIST CHURCH, INC. OF ORLANDO,  
FLORIDA D. B. A. BANANA BAY BAPTIST CHURCH**

Principal Place of Business

Mailing Address

**BANANA BAY BAPTIST CHURCH  
1245-1/2 EAST CROWN POINT RD.  
OCFEE FL 34761**

**LAKEVILLE ROAD BAPTIST CHURCH  
1583 EAST SILVER STAR RD. #356  
OCFEE FL 34761**

3. Date Incorporated or Qualified

**09/13/1971**

4. FEI Number

**23-7148135**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**BANANA BAY BAPTIST CH**

**BANANA BAY BAPTIST CH**

Suite, Apt. #, etc

Suite, Apt. #, etc

**1333 E. Crown Point Rd**

**1583 SILVER STAR RD #356**

City & State

City & State

**OCFEE, FL 34761**

**OCFEE, FL**

Zip

Zip

**34761**

**34761**

Country

Country

**ORANGE**

**ORANGE**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOYLE, DAVID  
1417 E. CONCORD ST. SUITE 101  
ORLANDO FL 32803**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/9/98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE

NAME **HUGHES, JAMES**  
STREET ADDRESS **1704 SPRUCEWOOD LANE**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **T** ☐ DELETE

NAME **JENSEN, CHRIS**  
STREET ADDRESS **10 CROOMIA COURT**  
CITY-ST-ZIP **OCFEE FL 34761**

TITLE **T** ☒ DELETE

NAME **DOYLE, DAVID**  
STREET ADDRESS **303 ALTAMONTE BAY CLUB CIRCLE 208**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DC** ☒ Change ☐ Addition

1.2 NAME **Hughes, James**  
1.3 STREET ADDRESS **1704 Sprucewood Lane**  
1.4 CITY-ST-ZIP **Orlando, Florida 32818**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **Jensen, Chris**  
2.3 STREET ADDRESS **10 Croomia Court**  
2.4 CITY-ST-ZIP **Ocfée, Florida 34761**

3.1 TITLE **D** ☐ Change ☒ Addition

3.2 NAME **Stinson, Wayne**  
3.3 STREET ADDRESS **803 Spring Creek Drive**  
3.4 CITY-ST-ZIP **Ocfée, Florida 34761**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE: **JAMES S. HUGHES** **2/07/98** **407-306-3664**

CR2E037 (10/97)