

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733917

1. Entity Name

FIRST BAPTIST CHURCH OF LAKE HAMILTON, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 19 PM 5:35

Principal Place of Business

825 N.E. ALT. 27  
P.O. BOX 286  
LAKE HAMILTON FL 33851

Mailing Address

825 N.E. ALT. 27  
P.O. BOX 286  
LAKE HAMILTON FL 33851

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

59-1835466

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

FLOWER, GARY  
3381 COUNTRY LAKES CIRCLE  
LAKE WALES FL 33853

Name

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

100004661851--7

-11/01/01--0101--002

City

\*\*\*\*\*61.25 FL \*\*\*\*\*61.25

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

*Gary L. Flower* Gary L. Flower

09/10/01

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

After September 12, 2001, min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	FLOWER, GARY	
STREET ADDRESS	3381 COUNTRY LAKES CIR.	
CITY-ST-ZIP	LAKE WALES FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, ERNIE	
STREET ADDRESS	505 S. 8TH STREET	
CITY-ST-ZIP	DUNDEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONROE, MATHEWS	
STREET ADDRESS	330 NORTH 23RD STREET	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HATFIELD, DONNY	
STREET ADDRESS	2343 CREST DRIVE	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOSELY, GARY	
STREET ADDRESS	416 5TH STREET	
CITY-ST-ZIP	DUNDEE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHUTE, ROBERT	
STREET ADDRESS	141 WINSTON AVENUE	
CITY-ST-ZIP	LAKE WALES FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steven Storey	
STREET ADDRESS	103 Sims Rd.	
CITY-ST-ZIP	Auburndale, FL 33823	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Greg Rodden	
STREET ADDRESS	4813 Avon St.	
CITY-ST-ZIP	Lake Wales, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dennis Bratley	
STREET ADDRESS	133 Thornbush Pkwy	
CITY-ST-ZIP	Davenport, FL 33837	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Renell C Towns	
STREET ADDRESS	233 Lake Link Rd.	
CITY-ST-ZIP	Winter Haven, FL 33883	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

*Gary L. Flower* Gary L. Flower

09/10/01

CR2E037 (5/01)