

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90108 030 \*\*\*\*61.25

**DOCUMENT # 733917**

1. Entity Name

**FIRST BAPTIST CHURCH OF LAKE HAMILTON, INC.**

Principal Place of Business

Mailing Address

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

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

Name

**Terrell Towns**

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

**233 Lake Link Rd.**

City

**Winter Haven**

FL

Zip Code

**33884**

**FLOWER, GARY**  
**3381 COUNTRY LAKES CIRCLE**  
**LAKE WALES FL 33853**

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

**Terrell C. Towns Director** **Sept 12, 2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**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 ☐ Delete  
NAME PD  
STREET ADDRESS FLOWER, GARY  
CITY-ST-ZIP 3381 COUNTRY LAKES CIR.  
LAKE WALES FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS STOREY, STEVEN  
CITY-ST-ZIP 103 SIMS RD  
AUBURNDALE FL 33823

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MONROE, MATHEWS  
CITY-ST-ZIP 330 NORTH 23RD STREET  
HAINES CITY FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS RODDEN, GREG  
CITY-ST-ZIP 4813 AVON ST  
LAKE WALES FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BRALEY, DENNIS  
CITY-ST-ZIP 133 THORNBUSH PKWY  
DAVENPORT FL 33837

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TOWNS, TERRELL  
CITY-ST-ZIP 233 LAKE LINK RD  
WINTER HAVEN FL 33833

TITLE ☐ Change ☐ 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:

**Terrell C. Towns**

**Sept 12, 2002**

**863 439-1661**

CR2E037 (4/02)