**FILED** 

Jan 14, 2002 8:00 am

352-564 1557

## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 736254** 

SIGNATURE:

## Secretary of State 1. Entity Name LAKE PARK BAPTIST CHURCH, INC. 01-14-2002 90010 033 \*\*\*\*61.25 Mailing Address Principal Place of Business 1811 S.W. 95TH TERRACE MIRAMAR FL 33025 7605 BRAHMA TERR CRYSTAL RIVER FL 34428 901018 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0138518 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GUFFORD, WARREN M 7605 BRAHMA TERR **CRYSTAL RIVER FL 34428** Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) **V** 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE ☐ Delete GUFFORD JR., WARREN M. NAME NAME 7605 BRAHMA TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CRYSTAL RIVER FL 34428** CITY-ST-ZIP Ø ☐ Delete TITLE Change ☐ Addition TITLE **GUFFORD. JONE E.** NAME NAME STREET ADDRESS 7605 BRAHMA TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CRYSTAL RIVER FL 34428** Change Addition TITLE ☐ Delete TITLE WINKLER, LIONEL NAME NAME STREET ADDRESS 462 THOMAS ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL 32958 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE 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 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.