

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 04, 2002 8:00 am**  
**Secretary of State**

03-04-2002 90031 014 \*\*\*\*61.25

**DOCUMENT # 742312**

1. Entity Name

**FIRST SOUTHERN BAPTIST CHURCH OF LADY LAKE, INC.**

Principal Place of Business

Mailing Address

2933 GRIFFIN VIEW DR  
P.O. BOX 185  
LADY LAKE FL 32159

2933 GRIFFIN VIEW DR  
P.O. BOX 185  
LADY LAKE FL 32159

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

**59-2276059**

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

**SMITH, QUINDE**  
**714 MCKENZIE STREET**  
**LEESBURG FL 34748**

Name

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

City

**FL**

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.

SIGNATURE

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**

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 **P**  
STREET ADDRESS **SMITH, QUINDE**  
CITY-ST-ZIP **714 MCKENZIE ST**  
**LEESBURG FL 34748**

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

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **SMITH, EMORY**  
CITY-ST-ZIP **101 FERN DE**  
**LEESBURG FL 34748**

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

TITLE ☒ Delete  
NAME **TD**  
STREET ADDRESS **POSSEE, LENA**  
CITY-ST-ZIP **124 ROSEMARY AVENUE**  
**LADY LAKE FL**

TITLE ☒ Change ☐ Addition  
NAME **TD**  
STREET ADDRESS **DENBY, DELORES**  
CITY-ST-ZIP **P.O. BOX 120 - 244 Skyline Dr.**  
**LADY LAKE, FL 32159**

TITLE ☐ Delete  
NAME **SD**  
STREET ADDRESS **ZAHN, DEBBIE**  
CITY-ST-ZIP **915 APRIL HILL DR**  
**LADY LAKE FL 32158**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **MANES, PAT**  
CITY-ST-ZIP **2509 TECUMSEH AVE**  
**LEESBURG FL 34748**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Quinde Smith*  
**QUINDE R. QUINDE Smith**

**Feb. 15, 2002 728-5764**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)