2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED **DOCUMENT # 749639** May 02, 2000 8:00 am 1. Entity Name Secretary of State LAKELAND BIBLE CHURCH, INC. 05-02-2000 90089 043 ****61.25 Principal Place of Business Mailing Address 1725 PARKER RD P. O. BOX 7212 LAKELAND FL 33811 P.O. BOX 7212 LAKELAND FL 33807-7212 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1965037 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MC KEOWN, A. PERRY 1261 ALMA STREET LAKELAND FL 33803 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME MCKEOWN, A PERRY NAME STREET ADDRESS STREET ADDRESS 1261 ALMA ST CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE CLARK, BLAIR NAME NAME 1150 LONGWOOD OAKS BLVD. STREET ADDRESS STREET ADDRESS /9881 Misha Lane CITY-ST-ZIP CITY-ST-ZIP DADE-CITY FL 33525 * - Change: · Addition TITLE ☐ Delete -TITI F CANNOY, CARL R NAME NAME STREET ADDRESS STREET ADDRESS 203 FERNERY RD CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Addition D ☐ Change TITLE ☐ Delete TITLE FIRMIN, JOSEPH B NAME NAME STREET ADDRESS STREET ADDRESS 618 OPPITZ LANE CITY-ST-7IP CITY-ST-ZIP LAKELAND FL ☐ Delete TITLE ☐ Change ☐ Addition STRAUBEL, CHARLES A. NAME STREET ADDRESS STREET ADDRESS 1515 KIPLING LANE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR