

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90093 012 ****61.25

DOCUMENT # 750509

1. Entity Name

PEOPLES BAPTIST CHURCH OF LAKE LAND, INC.



Principal Place of Business

**4626 S. PIPKIN ROAD
LAKE LAND FL 33811**

Mailing Address

**P O BOX 6452
LAKE LAND FL 33807**

2. Principal Place of Business

3. Mailing Address

**4606 S. Pipkin RD.
LKLD., FL.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33811

FL

4. FEI Number **59-1819075**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JARVIS, HOMER
1200 N DAVIS AVE 3
LAKE LAND FL 33811**

Name **James Berry B.**

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

4606 S. PIPKIN RD.

City **LKLD.**

FL

Zip Code **33811**

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

Homer L. Jarvis

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DR	<input checked="" type="checkbox"/> Delete
NAME	RUDD, SAMUEL	
STREET ADDRESS	3410 WILLIS ROAD	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	DR President	<input type="checkbox"/> Delete
NAME	BERRY, JAMES B	
STREET ADDRESS	4606 S PIPKIN ROAD	
CITY-ST-ZIP	LAKE LAND FL 33811	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASON, LOWELL	
STREET ADDRESS	4504 CLEMENTS ROAD	
CITY-ST-ZIP	LAKE LAND FL 33811	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	MCNABB, LEDLEY D	
STREET ADDRESS	3902 W. SAM ALLEN RD	
CITY-ST-ZIP	PLANT CITY FL 33565	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mason, Lowell	
STREET ADDRESS	4504 Clement RD	
CITY-ST-ZIP	LAKE LAND, FL 33811	
TITLE	VD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Berry, Novelene	
STREET ADDRESS	4606 S. PIPKIN RD	
CITY-ST-ZIP	LKLD., FL 33811	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE REQUIRED *Jr Jarvis Pres 3-6-03*

CR2E037 (10/02)