

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90060 032 ****61.25

DOCUMENT # 751323

1. Entity Name

CENTRAL AVENUE BAPTIST CHURCH OF LAKE WALES, INC

Principal Place of Business

Mailing Address

S. INC.
 113 W. CENTRAL AVENUE
 LAKE WALES FL 33853

S. INC.
 113 W. CENTRAL AVENUE
 LAKE WALES FL 33853

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1450869

Applied For

Not Applicable

Zip

Country

Zip

Country

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

RICHARDS, GENE
4748 EASTON ST
LAKE WALES FL 33853

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 **D**
 STREET ADDRESS **RICHARDS, GENE**
 CITY-ST-ZIP **4748 EASTON ST**
LAKE WALES FL 33853

TITLE ☐ Change ☒ Addition
 NAME **TR**
 STREET ADDRESS **Charles Metheney**
 CITY-ST-ZIP **3807 White Oak Ct. Lake Wales, FL**
33853 ☐ Change ☐ Addition

TITLE ☐ Delete
 NAME **TR**
 STREET ADDRESS **KELLY, THOMAS**
 CITY-ST-ZIP **2060 N US HWY 27 #115**
LAKE WALES FL 33853

TITLE ☐ Change ☐ Addition
 NAME **TR**
 STREET ADDRESS **TONEY, MELVIN**
 CITY-ST-ZIP **2060 N. US HWY 216**
LAKE WALES FL 33853

TITLE ☐ Delete
 NAME **TR**
 STREET ADDRESS **TONEY, MELVIN**
 CITY-ST-ZIP **2060 N. US HWY 216**
LAKE WALES FL 33853

TITLE ☐ Change ☐ Addition
 NAME **TR**
 STREET ADDRESS **GAINEY, LANCE**
 CITY-ST-ZIP **2606 MAPLE AVE**
LAKE WALES, FL 00000 33853

TITLE ☐ Delete
 NAME **TR**
 STREET ADDRESS **GAINEY, LANCE**
 CITY-ST-ZIP **2606 MAPLE AVE**
LAKE WALES, FL 00000 33853

TITLE ☐ Change ☐ Addition
 NAME **DC**
 STREET ADDRESS **BRINKLEY, JAMES**
 CITY-ST-ZIP **1314 LAKEVIEW RD**
LAKE WALES, FL 00000 33853

TITLE ☐ Delete
 NAME **DC**
 STREET ADDRESS **BRINKLEY, JAMES**
 CITY-ST-ZIP **1314 LAKEVIEW RD**
LAKE WALES, FL 00000 33853

TITLE ☐ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **TONEY, BETTY**
 CITY-ST-ZIP **2060 N US HWY 216**
LAKE WALES FL

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **TONEY, BETTY**
 CITY-ST-ZIP **2060 N US HWY 216**
LAKE WALES FL

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: *Betty Toney* **BETTY TONEY, Treasurer** 4-2-01 683-678-1720
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)