

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 751323

1. Entity Name

CENTRAL AVENUE BAPTIST CHURCH OF LAKE WALES, INC

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RICHARDS, GENE
4748 EASTON ST
LAKE WALES FL 33853

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	RICHARDS, GENE	
STREET ADDRESS	4748 EASTON ST	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	TR	<input type="checkbox"/> Delete
NAME	KELLY, THOMAS	
STREET ADDRESS	2060 N US HWY 27 #115	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	TONEY, MELVIN	
STREET ADDRESS	2060 N. US HWY 216	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	TR	<input type="checkbox"/> Delete
NAME	METHENEY, CHARLES	
STREET ADDRESS	3807 WHITE OAK CT	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	DC	<input checked="" type="checkbox"/> Delete
NAME	BRINKLEY, JAMES	
STREET ADDRESS	1314 LAKEVIEW RD	
CITY-ST-ZIP	LAKE WALES, FL 00000 33853	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TONEY, BETTY	
STREET ADDRESS	2060 N US HWY 216	
CITY-ST-ZIP	LAKE WALES FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gene Richards	
STREET ADDRESS	4748 Easton St.	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Kelly	
STREET ADDRESS	2060 N US Hwy 27 #115 Lake Wales,	
CITY-ST-ZIP		
TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lance Gainey	
STREET ADDRESS	2606 Maple St.	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE	DC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elon Sowell	
STREET ADDRESS	1010 Star Lake, Alturas, FL 33820	
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90005 050 ****61.25

020000



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1450869

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/01)

FT

1-30-02

8636781570

Date

Daytime Phone #