

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Myrman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 20 PM 1:13

DOCUMENT # 753668 (3)
1. Corporation Name
LAKE COUNTY BAPTIST ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
27 E PINEHURST BLVD 27 E PINEHURST BLVD
EUSTIS FL 32726 EUSTIS FL 32726
US US

3. Date Incorporated or Qualified 08/07/1980 3a. Date of Last Report 02/09/1994
4. FEI Number 59-1910841 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASINGER, PHILLIP D.
27 EAST PINEHURST BLVD
EUSTIS FL 32726

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME RICHARDSON, BOBBY
STREET ADDRESS 1724 S BAY ST
CITY-ST-ZIP EUSTIS FL

1.1 TITLE P/Tr/D Change Addition
1.2 NAME Bobby Richardson
1.3 STREET ADDRESS 1802 So Bay St
1.4 CITY-ST-ZIP Eustis FL 32726

TITLE PD
NAME WALKER, ROBERT
STREET ADDRESS 1000 E FIRST AVE
CITY-ST-ZIP MT. DORA FL

2.1 TITLE V/Tr/D Change Addition
2.2 NAME Don Pratt
2.3 STREET ADDRESS 59 No Trowell Ave
2.4 CITY-ST-ZIP Umatilla FL 34784

TITLE STD
NAME PRATT, DON
STREET ADDRESS 59 N TROWELL AVE
CITY-ST-ZIP UMATILLA FL

3.1 TITLE S/T/Tr/D Change Addition
3.2 NAME Norman Deaton
3.3 STREET ADDRESS 1900 Buena Vista Dr
3.4 CITY-ST-ZIP Eustis FL 32726

TITLE ASO
NAME BASINGER, PHILLIP D.
STREET ADDRESS 27 E PINEHURST BLVD
CITY-ST-ZIP EUSTIS FL

4.1 TITLE ASO/Resident Agent Change Addition
4.2 NAME Phillip D Basinger
4.3 STREET ADDRESS 27 E Pinehurst Blvd
4.4 CITY-ST-ZIP Eustis FL 32726

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Phillip D. Basinger Phillip D. Basinger 1/13/95 (904)357-0013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Required if name is)