

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 753668 (3)

1. Corporation Name

LAKE COUNTY BAPTIST ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**27 E PINEHURST BLVD
EUSTIS FL 32726
US**

**27 E PINEHURST BLVD
EUSTIS FL 32726
US**

3. Date Incorporated or Qualified **08/07/1980** 3a. Date of Last Report **01/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1910841

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------------|--|
| TITLE | PRD | <input checked="" type="checkbox"/> DELETE |
| NAME | RICHARDSON, BOBBY | |
| STREET ADDRESS | 1802 S BAY ST | |
| CITY-ST-ZIP | EUSTIS FL | |
| TITLE | VTD | <input checked="" type="checkbox"/> DELETE |
| NAME | PRATT, DON | |
| STREET ADDRESS | 59N TROWELL AV | |
| CITY-ST-ZIP | UMATILLA FL | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | DEATON, NORMAN | |
| STREET ADDRESS | 1900 BUENA VISTA DR | |
| CITY-ST-ZIP | EUSTIS FL | |
| TITLE | ASO | <input type="checkbox"/> DELETE |
| NAME | BASINGER, PHILLIP D. | |
| STREET ADDRESS | 27 E PINEHURST BLVD | |
| CITY-ST-ZIP | EUSTIS FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|--------------------|-------------------------|--|
| 1.1 TITLE | PRD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Pratt, Don | |
| 1.3 STREET ADDRESS | 59 N Trowell Ave | |
| 1.4 CITY-ST-ZIP | Umatilla FL 32784 | |
| 2.1 TITLE | VTD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | George, W. Mark | |
| 2.3 STREET ADDRESS | 24731 Ann St | |
| 2.4 CITY-ST-ZIP | Astor FL 32784 | |
| 3.1 TITLE | STD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Broadbuss, Geneva | |
| 3.3 STREET ADDRESS | 05340 Eaglesnest Road | |
| 3.4 CITY-ST-ZIP | Fruitland Park FL 34731 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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:

Dr. Phillip D. Basinger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dr. Phillip D. Basinger 1/15/95 (352)

Resident Agent

Date

Daytime Phone 357-0013

CR2E037 (12/95)