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FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

27 E PINEHURST BLVD
EUSTIS FL 32726
US

Mailing Address

27 E PINEHURST BLVD
EUSTIS FL 32726-6338
US3. Date Incorporated or Qualified
08/07/19803a. Date of Last Report
01/25/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1910841

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

TITLE	PRD	<input checked="" type="checkbox"/> DELETE
NAME	PRATT, DON	
STREET ADDRESS	59 N TROWELL AVE	
CITY-ST-ZIP	UMATILLA FL	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	GEORGE, W. M	
STREET ADDRESS	24731 ANN ST	
CITY-ST-ZIP	ASTOR FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	BROADUS, GENEVA	
STREET ADDRESS	05340 EAGLESNEST ROAD	
CITY-ST-ZIP	FRUITLAND PARK 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rowland, J W	
1.3 STREET ADDRESS	04650 Eaglesnest Road	
1.4 CITY-ST-ZIP	Fruitland Park FL 34731	
2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Williams, David	
2.3 STREET ADDRESS	13229 Co Rd 44	
2.4 CITY-ST-ZIP	Grand Island FL 32735	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Rushing, Don	
3.3 STREET ADDRESS	124 No Joanna Avenue	
3.4 CITY-ST-ZIP	Tavares FL 32778	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 1/8/97 (352) 357-0013

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Resident Agent/Director of Missions

Daytime Phone # 0013669

CR2E037 (9/96)