

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 753668 (3)**

1. Corporation Name  
**LAKE COUNTY BAPTIST ASSOCIATION, INC.**



Principal Place of Business <b>27 E PINEHURST BLVD EUSTIS FL 32726 US</b>	Mailing Address <b>27 E PINEHURST BLVD EUSTIS FL 32726 US</b>
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3. Date Incorporated or Qualified <b>08/07/1980</b>	
4. FEI Number <b>59-1910841</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PRD	<input checked="" type="checkbox"/> DELETE
NAME	ROWLAND, JW	
STREET ADDRESS	04650 EAGLESNEST RD.	
CITY-ST-ZIP	FUITLAND PARK FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	WILLIAMS DAVID	
STREET ADDRESS	13229 CO RD 44	
CITY-ST-ZIP	GRAND ISLAND FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RUSHING, DON	
STREET ADDRESS	124 NO JOANNA AVE.	
CITY-ST-ZIP	TAVARES 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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Williams, David	
1.3 STREET ADDRESS	13229 Co Rd 44	
1.4 CITY-ST-ZIP	Grand Island FL 32735	
2.1 TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Davis, Daniel	
2.3 STREET ADDRESS	498 Montrose St	
2.4 CITY-ST-ZIP	Clermont FL 34711	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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, Director of Missions** 1/14/98

CR2E037 (10/97)