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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 753668 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 US	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/07/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1910841
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres Trustees <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DAVID	1.2 NAME	Davis, Daniel
STREET ADDRESS	13229 CO RD 44	1.3 STREET ADDRESS	498 Montrose St
CITY-ST-ZIP	GRAND ISLAND FL 32735	1.4 CITY-ST-ZIP	Clermont FL 34711
TITLE	VTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V-Pres Trustees <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS DAVID	2.2 NAME	Smith, Glen
STREET ADDRESS	13229 CO RD 44	2.3 STREET ADDRESS	33110 Co Rd 473
CITY-ST-ZIP	GRAND ISLAND FL	2.4 CITY-ST-ZIP	Leesburg FL 34788
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Sec-Treas Trustees <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSHING, DON	3.2 NAME	Mitchell, Randy
STREET ADDRESS	124 NO JOANNA AVE.	3.3 STREET ADDRESS	137 E Cherry Street
CITY-ST-ZIP	TAVARES FL	3.4 CITY-ST-ZIP	Groveland FL 34736
TITLE	ASO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASINGER, PHILLIP D.	4.2 NAME	
STREET ADDRESS	27 E PINEHURST BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	EUSTIS FL	4.4 CITY-ST-ZIP	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, DANIEL	5.2 NAME	
STREET ADDRESS	498 MONTROSE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Phillip D. Basinger **Phillip D. Basinger, Registered Agent, 1/15/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)