DOCUMENT # 753668 1. Entity Name LAKE COUNTY BAPTIST ASSOCIATION, INC.					Jan S	FILED Jan 29, 2000 8:00 am Secretary of State			
Principal Plac	e of Business	Mailing Address				· ·	97 011 ****70.00		
27 E PINEHURST BLVD EUSTIS FL 32726 US		27 E PINEHURST BLVD EUSTIS FL 32726-6338 US				181 BILBO 1511 3 B ILLO B 1184 I		11 BFB(1 4885	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt.	#, etc	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numbe	59-1910841		plied For at Applicable		
Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current	Registered Agent				Address of New Reg	gistered Agent		
				Name Brian P. Harrison					
BASINGER, PHILLIP D. 27 EAST PINEHURST BLVD				Street Address (P.O. Box Number is Not Acceptable) 6551 Sadler Road					
EUSTIS FL				Ze1.1	lwood FL	32798	FL Zip Code	e	
8. The above	Signature, typed or printed name of registered agent		/Brian	P. Har	istered agent, or both		da. /20/20	90_	
FILE NOW: 9. Election Cam Trust Fund Co			-	_ ~	5.00 May Be dded to Fees		Check Payable to artment of State	ı	
10.	OFFICERS AND DIF	RECTORS	11.		ADDITIONS/CHA	NGES TO OFFICERS	S AND DIRECTORS IN	10	
TITLE	PTD	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME Street Address City-St-Zip	DAVIS, DANIEL 498 MONTROSE ST		NAME STREET CITY-SI	ADDRESS	·				
TITLE	CLERMONT FL 34711	₹7 Doloto	TITLE		, ,		 Change	Addition	
NAME	X		NAME		VTD Harrison, Brian P.		X change	[_] Addition	
STREET ADDRESS			STREET		551 Sadler				
CITY-ST-ZIP	LEESBURG FL 34788		CITY-ST	$\frac{1-ZIP}{Z_4}$	ollwood FL	32798			
TITLE	STD	☐ Delete	TITLE				Change	☐ Addition	
NAME	MITCHELL, RANDY		NAME	*DDBECC			•		
STREET ADDRESS CITY-ST-ZIP	137 E. CHERRY ST GROVELAND FL 34736		CITY-ST	ADDRESS 1- ZIP					
TITLE	ASO	∑ Delete	TITLE				☐ Change	 Addition	
NAME	BASINGER, PHILLIP D.	, (-	NAME	٠.٠				_	
STREET ADDRESS CITY-ST-ZIP	27 E PINEHURST BLVD EUSTIS FL		STREET .	ADDRESS -ZIP		, and	.a		
TITLE		☐ Delete	TITLE	Î			☐ Change	☐ Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET :	ADDRESS ZIP					
TITLE		□ Delete	TITLE	[☐ Change	☐ Addition	
NAME	,	L. Delete	NAME				□ Change		
STREET ADDRESS	-			ADDRESS					
CITY-ST-ZIP			CITY-ST	- ZIP					
indicated of the cor	pertify that the information supplied with on this report or supplemental report is poration or the receiver or trusted empor or on an attachment with an address, w	strue and accurate and that mo owered to execute this report a	the exemp ny signatur as required	otion stated in e shall have t I by Chapter	n Section 119.07(3)(i) the same legal effect 617, Florida Statutes	, Florida Statutes. I fu as if made under oat ; and that my name a	urther certify that the in th; that I am an officer appears in Block 10 or	nformation or director Block 11 if	

SIGNATURE: