

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 767086

1. Entity Name

FIRST BAPTIST CHURCH OF EAGLE LAKE, INC.

Principal Place of Business

551 EAGLE AVE.  
EAGLE LAKE FL 33839

Mailing Address

551 EAGLE AVE.  
P.O. BOX 887  
EAGLE LAKE FL 33839

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

DRAKE, DAVID  
5014 SUNRISE DR.  
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME MCLEOD, T WAYNE  
STREET ADDRESS 100 GRADY POLK RD.  
CITY-ST-ZIP WINTER HAVEN FL ☐ Delete

TITLE VD  
NAME MASON, SIMEON R  
STREET ADDRESS 118 GRADY POLK RD  
CITY-ST-ZIP WINTER HAVEN FL ☒ Delete

TITLE TS  
NAME BARBARA L. SUMMERS  
STREET ADDRESS 11 TERA LANE  
CITY-ST-ZIP WINTER HAVEN FL ☐ Delete

TITLE D  
NAME MARY BURD  
STREET ADDRESS 249 3RD ST.  
CITY-ST-ZIP EAGLE LAKE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME KIRKLAND, WYNDELL  
STREET ADDRESS 4816 REYNOLDS DR  
CITY-ST-ZIP WINTER HAVEN FL 33880 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01  
Date

983.293.3011  
Daytime Phone #

FILED  
Apr 17, 2001 8:00 am  
Secretary of State

04-17-2001 90130 030 \*\*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)