2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State
04-21-2002 90880 049 ****61.25

DOCUMENT # N02526

1. Entity Name

THE LAKEWOOD SOUTH CHRISTIAN ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7700 OSCEOLA - POLK LINE ROAD DAVENPORT FL 33837	7700 OSCEOLA - POLK LINE ROAD DAVENPORT FL 33837

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33896 Country	Zip 33896 Country

4. FEI Number 59-2393906 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

REESE, JAMES R
7700 OSCEOLA - POLK LINE ROAD
LOT C-13
DAVENPORT FL 33837

7. Name and Address of New Registered Agent

Name HOWARD A. CROSBY, TREAS.
Street Address (P.O. Box Number is Not Acceptable) 7800 OSCEOLA-POLK LINE RD LOT 141
City DAVENPORT FL Zip Code 33896

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 HOWARD A. CROSBY, TREAS Howard A. Crosby 4-10-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILING 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARLENE, PADENS 7700 OSCEOLA POLK LINE RD LOT 29 DAVENPORT FL 33837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LOVENA RULANDER B-9 7700 OSCEOLA-POLK LN RD DAVENPORT, FL 33896 P	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NANCY, ALLPORT 7700 OSCEOLA POLK LINE RD LOT 113 DAVENPORT FL 33837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GAYLORD REMMEL LOT-38 7800 OSCEOLA-POLK LN RD DAVENPORT, FL 33896 S	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CROSBY, WALTER REV. 7700 OSOEOLA PORK LINE RD LOT C-9 DAVENPORT FL 33837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GINNY SMITH LOT-29 7800 OSCEOLA-POLK LN RD DAVENPORT, FL 33896 D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD REESE, JAMES R 7700 OSCEOLA POLK LINE RD LOT C-13 DAVENPORT FL 33837	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NINA WITMER J-12 7700 OSCEOLA-POLK LN RD DAVENPORT, FL 33896 D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LILA DAVIDSON LOT-159 7800 OSCEOLA POLK LN RD DAVENPORT, FL 33896 D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BILL FOGLEMEN LOT-49 7800 OSCEOLA-POLK LN RD DAVENPORT, FL 33896 D	☐ Change ☒ Addition

CR2E037 (9/01)

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: Howard A. Crosby SIGNATURE REQUIRED HOWARD A. CROSBY 4-10-02 863-424-4712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #