

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N05405 (8)**

1. Corporation Name

**LAKEWOOD PARK BAPTIST CHURCH, INC.**



Principal Place of Business

17-92 N.  
P.O. BOX 1134  
DAVENPORT FL 33837-8134

Mailing Address

17-92 N.  
P.O. BOX 1134  
DAVENPORT FL 33837-8134

3. Date Incorporated or Qualified  
**09/28/1984**

3a. Date of Last Report  
**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

4. FEI Number

**59-2450408**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CURTIS, RAYMOND J  
721 SYLVAN RAMBLE  
DAVENPORT FL 33837**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PC** ☐ DELETE  
NAME **CURTIS, RAYMOND J**  
STREET ADDRESS **721 SYLVAN RAMBLE**  
CITY-ST-ZIP **DAVENPORT FL 33837**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **TISH,**  
1.3 STREET ADDRESS **117 SHADY LANE**  
1.4 CITY-ST-ZIP **DAVENPORT, FL 33837**

TITLE **D** ☐ DELETE  
NAME **CLEMENTS, EDGAR E SR.**  
STREET ADDRESS **1558 HORNE LANE**  
CITY-ST-ZIP **DAVENPORT FL 33837**

2.1 TITLE **D** ☒ Change ☐ Addition  
2.2 NAME **HORNE, JOHN W**  
2.3 STREET ADDRESS **1627 ADAIR RD.**  
2.4 CITY-ST-ZIP **DAVENPORT, FL 33837**

TITLE **D** ☐ DELETE  
NAME **CLEMENTS, EDGAR E JR**  
STREET ADDRESS **1558 JOHN HORNE LANE**  
CITY-ST-ZIP **DAVENPORT FL 33837**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **DT** ☒ DELETE  
NAME **HORNE, JOHN W**  
STREET ADDRESS **1627 ADAIR ROAD**  
CITY-ST-ZIP **DAVENPORT FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **CLEMENTS, JENNIFER D**  
STREET ADDRESS **1558 JOHN HORNE LANE**  
CITY-ST-ZIP **DAVENPORT FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE  
NAME **VINSON, WILLIAM E**  
STREET ADDRESS **3420 PATTERSON RD**  
CITY-ST-ZIP **HAINES CITY FL 33844**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **RAYMOND J. CURTIS** *Raymond J. Curtis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/96**

**(941) 421-0410**

DATE DAYTIME PHONE #

CR2E037 (12/95)