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Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

17-92 N.
P.O. BOX 1134
DAVENPORT FL 33837-813417-92 N.
P.O. BOX 1134
DAVENPORT FL 33837-89943. Date Incorporated or Qualified
09/28/19843a. Date of Last Report
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21 721 SYLVAN RAMBLE RD.

26 P.O. BOX 1134

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 DAVENPORT, FL.

27 DAVENPORT, FL.

City & State

City & State

23 33837

28 33836

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2450408Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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 3383781 Name
CURTIS, RAYMOND J.
82 Street Address (P.O. Box Number is Not Acceptable)
2210 E. PALM ST.
83 DAVENPORT, FL.
84 City
FL 85 Zip Code
33837

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 reinstating)

DATE

1/21/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC
NAME CURTIS, RAYMOND J
STREET ADDRESS 721 SYLVAN RAMBLE
CITY-ST-ZIP DAVENPORT FL 33837 ☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D
NAME CLEMENTS, EDGAR E SR.
STREET ADDRESS 1558 HORNE LANE
CITY-ST-ZIP DAVENPORT FL 33837 ☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D
NAME CLEMENTS, EDGAR E JR
STREET ADDRESS 1558 JOHN HORNE LANE
CITY-ST-ZIP DAVENPORT FL 33837 ☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D
NAME TISH,
STREET ADDRESS 117 SHADY LANE
CITY-ST-ZIP DAVENPORT FL ☒ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE T
NAME CLEMENTS, JENNIFER D
STREET ADDRESS 1558 JOHN HORNE LANE
CITY-ST-ZIP DAVENPORT FL ☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE D
NAME HORNE, JOHN W.
STREET ADDRESS 1627 ADAIR RD
CITY-ST-ZIP DAVENPORT FL ☒ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

Signature, typed or printed name of signing officer or director

1/21/97

Date

Daytime Phone # 0053574

CR2E037 (9/96)