


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 09, 1999 8:00 am**  
**Secretary of State**

08-09-1999 90003 020 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N05405</b>					
1. Corporation Name <b>LAKEWOOD PARK BAPTIST CHURCH, INC.</b>					
Principal Place of Business 721 SYLVAN RAMBLE RD DAVENPORT FL 33837 US			Mailing Address PO BOX 1134 DAVENPORT FL 33836 US		



\* 6 8 602647 2 6 4 7 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/28/1984	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2450408	
24 Country		29 Country		30	
25		29		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CURTIS, RAYMOND J 2210 E PALM ST 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 Raymond J. Curtis  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/28/99  
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME PC				D			
STREET ADDRESS CURTIS, RAYMOND J				PAT PHILLIPS			
CITY-ST-ZIP 721 SYLVAN RAMBLE				526 Venetian Way			
DAVENPORT FL 33837				DAVENPORT, FL. 33837			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME D				T			
STREET ADDRESS CLEMENTS, EDGAR E SR.				KATE CLEMENTS			
CITY-ST-ZIP 1558 HORNE LANE				P.O. Box 1581			
DAVENPORT FL 33837				301 Country World Drive West Davenport FL			
TITLE <input checked="" type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME D							
STREET ADDRESS CLEMENTS, EDGAR E JR							
CITY-ST-ZIP 1558 JOHN HORNE LANE							
DAVENPORT FL 33837							
TITLE <input checked="" type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME T							
STREET ADDRESS CLEMENTS, JENNIFER D							
CITY-ST-ZIP 1558 JOHN HORNE LANE							
DAVENPORT FL							
TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME							
STREET ADDRESS							
CITY-ST-ZIP							

14. 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 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, with all other like empowered.

SIGNATURE: Raymond J. Curtis **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/99  
Date

Daytime Phone #

CR2E037 (5/99)