

DOCUMENT # N05405

1. Entity Name

LAKEWOOD PARK BAPTIST CHURCH, INC.**FILED**
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90169 041 ****61.25

Principal Place of Business

Mailing Address

721 SYLVAN RAMBLE RD
DAVENPORT FL 33837
USPO BOX 1134
DAVENPORT FL 33836-1134
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2450408

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURTIS, RAYMOND J
2210 E PALM ST
DAVENPORT FL 33837

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 \$61.259. 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	<input type="checkbox"/> Delete
	PC			
	CURTIS, RAYMOND J	721 SYLVAN RAMBLE	DAVENPORT FL 33837	
	D			
	CLEMENTS, EDGAR E SR.	1558 HORNE LANE	DAVENPORT FL 33837	
	D			
	PHILLIPS, PAT	526 VENETIAN WAY	DAVENPORT FL 33837	
	T			
	CLEMENTS, KATIE	P.O. BOX 1581	DAVENPORT FL 37836	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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

4/5/00
Date

Daytime Phone #

CR2E037 (9/99)