

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90031 026 ***61.25

DOCUMENT # N05405

1. Entity Name

LAKEWOOD PARK BAPTIST CHURCH, INC.

Principal Place of Business

**721 SYLVAN RAMBLE RD
 DAVENPORT FL 33837
 US**

Mailing Address

**PO BOX 1134
 DAVENPORT FL 33836
 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**

6. Name and Address of Current Registered Agent

**CURTIS, RAYMOND J
 2210 E PALM ST
 DAVENPORT FL 33837**

7. Name and Address of New Registered Agent

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 \$61.25

After September 12, 2001, min. will be \$236.25

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

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

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PHILLIPS, PAT**
 CITY-ST-ZIP **526 VENETIAN WAY
 DAVENPORT FL 33837**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **CLEMENTS, KATIE**
 CITY-ST-ZIP **P.O. BOX 1581
 DAVENPORT FL 37836**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
 NAME **PC**
 STREET ADDRESS **Danny Harrelson**
 CITY-ST-ZIP **406 S. Blvd. E.
 Davenport, Fla. 33837**

TITLE ☐ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **Edgar E. Clements SR**
 CITY-ST-ZIP **1558 Horne Lane
 Davenport, Fla. 33837**

TITLE ☒ Change ☐ Addition
 NAME **P**
 STREET ADDRESS **Bobby Rouse**
 CITY-ST-ZIP **1502 Lakewood Rd.
 Davenport, FL 33837**

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **Sandra Rouse**
 CITY-ST-ZIP **1502 Lakewood Rd.
 Davenport, FL 33837**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

8-12-01

421-0711

CR2E037 (5/01)

0012815