

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90109 008 ****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

7. Name and Address of New Registered Agent

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

*(no longer
 pastor new
 pastor →)*

Name **Danny Harrelson**
 Street Address (P.O. Box Number is Not Acceptable)
406 South Blvd East
DAVENPORT
 City **DAVENPORT** FL Zip Code **33837**

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 *Danny Harrelson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-02

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PC**
 NAME **HARRELSON, DANNY**
 STREET ADDRESS **406 S BLVD E**
 CITY-ST-ZIP **DAVENPORT FL 33837**

☐ Delete

TITLE **Change**
 NAME **Change**
 STREET ADDRESS **Change**
 CITY-ST-ZIP **Change**

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

☐ Delete

TITLE **D**
 NAME **Clements Edgar E SR**
 STREET ADDRESS **1558 Horne Lane**
 CITY-ST-ZIP **DAVENPORT FL 33837**

☐ Change ☐ Addition

TITLE **D**
 NAME **ROUSE, BOBBY**
 STREET ADDRESS **1502 LAKEWOOD ROAD**
 CITY-ST-ZIP **DAVENPORT FL 33837**

☐ Delete

TITLE **D**
 NAME **Rouse Bobby**
 STREET ADDRESS **1502 LAKEWOOD RD. DAVENPORT FLA**
 CITY-ST-ZIP **33837**

☐ Change ☐ Addition

TITLE **T**
 NAME **ROUSE, SANDRA**
 STREET ADDRESS **1502 LAKEWOOD ROAD**
 CITY-ST-ZIP **DAVENPORT FL 37836**

☐ Delete

TITLE **T**
 NAME **Rouse Sandra**
 STREET ADDRESS **1502 Lakewood Rd. Duv.**
 CITY-ST-ZIP **33837**

☐ Change ☐ Addition

TITLE **Change**
 NAME **Change**
 STREET ADDRESS **Change**
 CITY-ST-ZIP **Change**

☐ Delete

TITLE **Change**
 NAME **Change**
 STREET ADDRESS **Change**
 CITY-ST-ZIP **Change**

☐ Change ☐ Addition

TITLE **Change**
 NAME **Change**
 STREET ADDRESS **Change**
 CITY-ST-ZIP **Change**

☐ Delete

TITLE **Change**
 NAME **Change**
 STREET ADDRESS **Change**
 CITY-ST-ZIP **Change**

☐ Change ☐ 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:

Danny Harrelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/02 863-421-0711

Date

Daytime Phone #

CR2E037 (9/01)