

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90029 035 ****61.25

DOCUMENT # N05405

1. Entity Name

LAKEWOOD PARK BAPTIST CHURCH, INC.

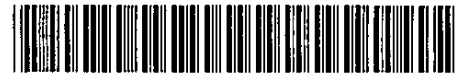


Principal Place of Business

721 SYLVAN RAMBLE RD
DAVENPORT FL 33837
US

Mailing Address

PO BOX 1134
DAVENPORT FL 33836
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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

HATEM, DINO A SR
144 HONEYBEE LN
POLK CITY FL 33868

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

2/9/08

(Signature, typed or printed name of registered agent and the filer applied to.)

(NOTE: Registered Agent signature and block when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PC ☐ Delete
NAME HATEM, DINO A SR
STREET ADDRESS 144 HONEY BEE LN
CITY- ST- ZIP POLK CITY FL 33868

TITLE D ☐ Delete
NAME GRIMES, GREGORY
STREET ADDRESS 6801 BARBARA JEAN LANE
CITY- ST- ZIP POL CITY FL 33868

TITLE D ☐ Delete
NAME SKIGINSKI, DAVE
STREET ADDRESS 4 HOLLY DR.
CITY- ST- ZIP DAVENPORT FL 33837

TITLE TS ☐ Delete
NAME HATEM, DANA M
STREET ADDRESS 144 HONEY BEE LN
CITY- ST- ZIP POLK CITY FL 33868

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
STREET ADDRESS PO Box 2165
CITY- ST- ZIP Davenport FL 33836

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS P.O. Box 2165
CITY- ST- ZIP Davenport FL 33836

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 exemptions contained in Section 119, 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 filers empowered.

SIGNATURE: *[Signature]* Pastor Dino A Hatem SR 2/9/08 863.370-1396