

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N05405

FILED  
Aug 11, 2003  
Secretary of State

**Entity Name:** LAKEWOOD PARK BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

721 SYLVAN RAMBLE RD  
DAVENPORT, FL 33837 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1134  
DAVENPORT, FL 33836 US

**New Mailing Address:**

**FEI Number:** 59-2450408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARRELSON, DANNY  
406 SOUTH BLVD EAST  
DAVENPORT, FL 33837 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: HARRELSON, DANNY  
Address: 406 S BLVD E  
City-St-Zip: DAVENPORT, FL 33837

Title: D ( ) Delete  
Name: CLEMENTS, EDGAR E SR.  
Address: 1558 HORNE LANE  
City-St-Zip: DAVENPORT, FL 33837

Title: D ( ) Delete  
Name: ROUSE, BOBBY  
Address: 1502 LAKEWOOD ROAD  
City-St-Zip: DAVENPORT, FL 33837

Title: PST ( ) Delete  
Name: ROUSE, SANDRA  
Address: 1502 LAKEWOOD ROAD  
City-St-Zip: DAVENPORT, FL 37836

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WOOTEN, ELLIS  
Address: 607 RONALD REAGAN PARKWAY  
City-St-Zip: LOUGHMAN, FL 33858

Title: D (X) Change ( ) Addition  
Name: BERTSCH, DAVID  
Address: 810 E. HINSON AVENUE  
City-St-Zip: HAINES CITY, FL 33844

Title: TS (X) Change ( ) Addition  
Name: BARRETT, NEIL G  
Address: 129 S. 30TH STREET  
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL G. BARRETT

TS

08/11/2003

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date