

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19756

1. Entity Name

LIBERTY BAPTIST CHURCH OF LAKE CITY, INC.

P

Principal Place of Business

RT. 10 BOX 948
MARVIN BARNETT RD.
LAKE CITY FL 32025

Mailing Address

RT. 10 BOX 948
MARVIN BARNETT RD.
LAKE CITY FL 32025-7637

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2893228

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

RAWLINS, JAMES L
RT. 10 BOX 948
LAKE CITY FL 32025

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

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 PD
NAME RAWLINS, JAMES L ☐ Delete
STREET ADDRESS RT. 10 BOX 948
CITY-ST-ZIP LAKE CITY FL 32025

TITLE Treasurer / Director ☒ Change ☐ Addition
NAME Robert V Taylor
STREET ADDRESS 2050 NE 80th Ave
CITY-ST-ZIP High Springs FL 32643

TITLE VD
NAME WILLIAMS, JOHN A ☐ Delete
STREET ADDRESS RT. 7, BOX 601
CITY-ST-ZIP LAKE CITY FL-32055

TITLE Secretary / Director ☒ Change ☒ Addition
NAME Russell Blair
STREET ADDRESS HCOL Box 79
CITY-ST-ZIP White Springs, FL-32096-4204

TITLE TD ☒ Delete
NAME BROWN, BRUCE
STREET ADDRESS RT. 19 BOX 866
CITY-ST-ZIP LAKE CITY FL 32025

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

TITLE SD ☒ Delete
NAME REEDER, WAYNE
STREET ADDRESS RT. 15 BOX 85
CITY-ST-ZIP JACKSONVILLE FL 32234

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

TITLE D ☒ Delete
NAME TAYLOR, ROBERT V
STREET ADDRESS 2090 NE 80TH AVE.
CITY-ST-ZIP HIGH SPRINGS FL 32643

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

TITLE ☐ Delete
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: James Rawlins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/2000 (904) 755-4423

Date

Daytime Phone #

CR2E037 (9/99)