

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29540

1. Entity Name

THE AMERICAN BAPTIST CHURCH OF LAKELAND, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90182 023 ****61.25

Principal Place of Business

Mailing Address

1500 W DAUGHTERY RD
LAKELAND FL 33810
US

1500 W DAUGHTERY RD
LAKELAND FL 33810-3229
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

59-2856559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

00020578



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILLER, ROBERT T.
100 EAST LEMON STREET
PO BOX 8169
LAKELAND FL 33802-8169

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

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, C	
STREET ADDRESS	1020 CANARY CIRCLE N	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOOD, PHYLLIS A	
STREET ADDRESS	1610 REYNOLDS RD 32	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FAULKNER, HOWARD REV	
STREET ADDRESS	302 MARTIN DR	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WOOD, JOHN R REV	
STREET ADDRESS	1610 REYNOLDS RD 32	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martha Nell Reif	
STREET ADDRESS	4444 US 98N #437	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Feller	
STREET ADDRESS	3132 Timberly Ln.	
CITY-ST-ZIP	Lakeland, FL 33810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John R. Wood*

John R. Wood

2/11/00

863-665-3364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)