

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90311 008 ****61.25

DOCUMENT # N29540

1. Entity Name

THE AMERICAN BAPTIST CHURCH OF LAKE LAND, INC.



Principal Place of Business

**1500 W DAUGHTERY RD
LAKE LAND FL 33810
US**

Mailing Address

**1500 W DAUGHTERY RD
LAKE LAND FL 33810
US**

10014593



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2856559**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MILLER, ROBERT T.
100 EAST LEMON STREET
PO BOX 8169
LAKE LAND FL 33802-8169**

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, 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **REIF, MARTHA N**
STREET ADDRESS **4444 US 98N #437**
CITY-ST-ZIP **LAKE LAND FL 33809**

TITLE **LOOSE, WILFORD** ☒ Change ☐ Addition
NAME **173 JEFF STREET**
STREET ADDRESS **LAKE LAND, FL 33815**
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **ELLIS, PATRICIA**
STREET ADDRESS **4444 US 98 N**
CITY-ST-ZIP **LAKE LAND FL 33809**

TITLE **REIF, MARTHA N** ☒ Change ☐ Addition
NAME **4444 US 98N #437**
STREET ADDRESS **LAKE LAND, FL 33809**
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **LOOSE, WILFORD**
STREET ADDRESS **173 JEFF STREET**
CITY-ST-ZIP **LAKE LAND FL 33815**

TITLE **FOX, MARY ANN** ☐ Change ☒ Addition
NAME **5837 MANCHESTER DR. W.**
STREET ADDRESS **LAKE LAND, FL 33810**
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **WOOD, PHYLLIS A**
STREET ADDRESS **1610 REYNOLDS RD 32**
CITY-ST-ZIP **LAKE LAND FL 33801**

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

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: **PHYLLIS A WOOD**

1/25/03

863 665-3364

CR2E037 (10/02)