

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000002226

1. Entity Name

COMMUNITY BAPTIST CHURCH OF LAKE WALES, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90036 038 \*\*\*\*61.25

Principal Place of Business  
VILLAGE GREEN CHAPEL  
BOX 8716  
FEDHAVEN FL 33854  
US

Mailing Address  
P.O. BOX 8716  
FEDHAVEN FL 33854-8716  
US

B0011513



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0536857

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

ROGERS, PAUL E  
605 FEDHAVEN DRIVE  
FEDHAVEN FL 33854

7. Name and Address of New Registered Agent

Name Richardson, Ruth E  
Street Address (P.O. Box Number is Not Acceptable)  
561 CLUB CIRCLE  
City Fedhaven FL Zip Code 33854

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

Ruth E. Richardson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-2000

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	PTR	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, PAUL E.	
STREET ADDRESS	605 FEDHAVEN DRIVE	
CITY-ST-ZIP	FEDHAVEN FL	
TITLE	STRD	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, SANDRA L	
STREET ADDRESS	605 FEDHAVEN DRIVE	
CITY-ST-ZIP	FEDHAVEN FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	RACICOT, PAUL	
STREET ADDRESS	541 FEDHAVEN DRIVE	
CITY-ST-ZIP	FEDHAVEN FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	RICHARDSON, VARNUM	
STREET ADDRESS	561 FEDHAVEN DR	
CITY-ST-ZIP	FEDHAVEN FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	RICHARDSON, RUTH	
STREET ADDRESS	561 FEDHAVEN DRIVE	
CITY-ST-ZIP	FEDHAVEN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McGuire, Nancy	
STREET ADDRESS	3331 Slash Pine Dr.	
CITY-ST-ZIP	Lake Wales, FL 33853	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	541 CLUB Circle	
STREET ADDRESS	FEDHAVEN FL 33854	
CITY-ST-ZIP		
TITLE	P/	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	561 CLUB CIRCLE	
STREET ADDRESS	FEDHAVEN FL 33854	
CITY-ST-ZIP		
TITLE	/TR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	561 CLUB CIRCLE	
STREET ADDRESS	FEDHAVEN FL 33854	
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:

SIGNATURE: Ruth E. Richardson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2000 863 696-3822

Date

Daytime Phone #