

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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90176 046 ****61.25

DOCUMENT # N94000002226

1. Entity Name

COMMUNITY BAPTIST CHURCH OF LAKE WALES, INC.



Principal Place of Business

**VILLAGE GREEN CHAPEL
BOX 8716
FEDHAVEN FL 33854
US**

Mailing Address

**P.O. BOX 8716
FEDHAVEN FL 33854
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 **65-0536857**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RICHARDSON, RUTH E
561 CLUB CIRCLE
FEDHAVEN FL 33854**

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

Ruth E. Richardson

Jan. 14, 2003

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	STR	<input type="checkbox"/> Delete
NAME	HANNON, RUTH	
STREET ADDRESS	507 CLUB CIRCLE	
CITY-ST-ZIP	FEDHAVEN FL 33854	
TITLE	TTR	<input checked="" type="checkbox"/> Delete
NAME	RACICOT, PAUL	
STREET ADDRESS	541 CLUB CIRCLE	
CITY-ST-ZIP	FEDHAVEN FL	
TITLE	PTT	<input type="checkbox"/> Delete
NAME	RICHARDSON, VARNUM	
STREET ADDRESS	561 CLUB CIRCLE	
CITY-ST-ZIP	FEDHAVEN FL	
TITLE	TTR	<input type="checkbox"/> Delete
NAME	RICHARDSON, RUTH	
STREET ADDRESS	561 CLUB CIRCLE	
CITY-ST-ZIP	FEDHAVEN FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, IRENE	
STREET ADDRESS	578 CLUB CIRCLE	
CITY-ST-ZIP	FEDHAVEN FL 33854	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TTR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Barbara	
STREET ADDRESS	572 Club Circle	
CITY-ST-ZIP	Fedhaven, FL 33854	
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		
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:

Ruth E. Richardson **CRUTHEED Richardson**

1/24/03

863 696-3811

CR2E037 (10/02)