

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

FILED
Jun 12, 2003 8:00 am
Secretary of State

S/1

05-01-2003 90331 033 ****61.25

DOCUMENT # N94000004654

1. Entity Name
LATIN AMERICAN CHURCH PLANTING CENTER, INC.



Principal Place of Business

**3507 OAKS WAY
APT 112
POMPANO BEACH FL 33069-5340
US**

Mailing Address

**3507 OAKS WAY
APT 112
POMPANO BEACH FL 33069-5340
US**

55047728

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 **65-0533346**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~**ASHCRAFT, WILLIAM E
2738 NE 19TH ST
FT LAUDERDALE, FL
FT LAUDERDALE FL 33308**~~

7. Name and Address of New Registered Agent

Name **JOHN K. BAXTER**

Street Address (P.O. Box Number is Not Acceptable)

3507 OAKS WAY #112

City **POMPANO BEACH FL** Zip Code **33069**

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

John K. Baxter

JOHN K. BAXTER

4-28-03

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 **PO** ☐ Delete
NAME **BAXTER, JOHN K**
STREET ADDRESS **3507 OAKS WAY, #112**
CITY-ST-ZIP **POMPANO BEACH FL 33609**

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

TITLE **VTO** ☐ Delete
NAME **BAXTER, SUSAN R**
STREET ADDRESS **3507 OAKS WAY, #112**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

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

TITLE **D** ☒ Delete
NAME **ASHCRAFT, WILLIAM E**
STREET ADDRESS **2738 NE 19TH ST**
CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE **D** ☒ Delete
NAME **OWEN, WILLIAM**
STREET ADDRESS **6816 N.W. 28 WAY**
CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **WILLIAM OWEN**
STREET ADDRESS **6760 NW 22 TERRACE**
CITY-ST-ZIP **FT LAUDERDALE, FL 33309**

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:

John K. Baxter

JOHN K. BAXTER - PRESIDENT

4-29-03 954-579-3502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)