

2001 UNIFORM BUSINESS REPORT (UBR)

2/

FILED
Mar 30, 2001 8:00 am
Secretary of State

02-13-2001 90008 027 ****70.00

DOCUMENT # N95000000882

1. Entity Name

GUIDING LIGHT BAPTIST CHURCH, INCORPORATED

Principal Place of Business

102 FLAGSHIP DRIVE
 SUITE 120
 LUTZ FL 33548

Mailing Address

P.O. BOX 457
 LUTZ FL 33548

33512

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

59-3314960

Applied For

Not Applicable

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

SMITH, A.J.
102 FLAGSHIP DRIVE STE 120
LUTZ FL 33598

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 rehashing)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
SMITH, A.J.
 STREET ADDRESS **102 FLAGSHIP DRIVE, SUITE 120**
 CITY-ST-ZIP **LUTZ FL 33548**

TITLE NAME ☐ Change ☒ Addition
Kathy Rivera
 STREET ADDRESS **102 Flagship Drive Suite 120**
 CITY-ST-ZIP **Lutz, FL 33548**

TITLE NAME ☐ Delete
SMITH, DAVID
 STREET ADDRESS **102 FLAGSHIP DRIVE, SUITE 120**
 CITY-ST-ZIP **LUTZ FL 33548**

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

TITLE NAME ☒ Delete
CLARK, JAY C
 STREET ADDRESS **102 FLAGSHIP DRIVE, SUITE 120**
 CITY-ST-ZIP **LUTZ FL 33548**

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/08/01 (813) 9496152

CR2E037 (10/00)