

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90072 022 ****61.25

DOCUMENT # N96000001126

1. Entity Name

TRINITY FREE WILL BAPTIST CHURCH OF LAKE LAND INC

Principal Place of Business

~~9240 MOORE RD~~
LAKE LAND FL 33809-1663

Mailing Address

9240 MOORE RD.
LAKE LAND FL 33809

00040030



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2649 Mineola Dr.

Suite, Apt. #, etc.

3. Mailing Address

2649 Mineola DR.

Suite, Apt. #, etc.

City & State

Lake land, FL

City & State

Lake land, FL

4. FEI Number

59-3245408

Applied For

Not Applicable

Zip

33801

Country

POIK

Zip

33801

Country

POIK

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JERRY P SR
4103 THREE OAKS RD
PLANT CITY FL 38565

7. Name and Address of New Registered Agent

Name **NORMAN H. JONES**

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

5442 MARLOWE LN

City

Lake land

FL

Zip Code

33810

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 **Norman H. Jones**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/01

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	DT	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JERRY P SR	
STREET ADDRESS	4103 THREE OAKS RD	
CITY-ST-ZIP	PLANT CITY FL 38565	
TITLE	D	<input type="checkbox"/> Delete
NAME	BETHUNE, ROY	
STREET ADDRESS	1944 SPARKMAN RD.	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, CECIL	
STREET ADDRESS	1110 N. RUTH AVE.	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, NORAM	
STREET ADDRESS	PO BOX 839	
CITY-ST-ZIP	KATHLEEN FL 33849	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1940 SPARKMAN RD.	
CITY-ST-ZIP	PLANT CITY, FL 33566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, NORMAN	
STREET ADDRESS	5442 MARLOWE LN	
CITY-ST-ZIP	LAKELAND, FL 33810	
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:

Norman H. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/01

Date

Daytime Phone #

CR2E037 (10/00)