

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90080 013 ****61.25

DOCUMENT # N96000001126

1. Entity Name

TRINITY FREE WILL BAPTIST CHURCH OF LAKE LAND INC

Principal Place of Business

2649 MINEOLA DRIVE
LAKE LAND FL 33801

Mailing Address

2649 MINEOLA DRIVE
LAKE LAND FL 33801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3245408

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, NORMAN H
5436 MARLOWE LANE
LAKE LAND FL 33810

Name

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

5436 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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
BETHUNE, ROY
STREET ADDRESS 1940 SPARKMAN ROAD
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ Change ☒ Addition
NAME D
Leach, Jon
STREET ADDRESS 5436 Marlowe Ln.
CITY-ST-ZIP Lake land, FL- 33810

TITLE ☐ Delete
NAME D
JONES, CECIL
STREET ADDRESS 1110 N. RUTH AVE.
CITY-ST-ZIP LAKE LAND FL 33805

TITLE ☐ Change ☒ Addition
NAME D
Curles, Lee
STREET ADDRESS 2638 Ralph Rd.
CITY-ST-ZIP Lake land FL 33801

TITLE ☐ Delete
NAME D
JONES, NORMAN
STREET ADDRESS 5442 MARLOWE LANE
CITY-ST-ZIP LAKE LAND FL 33810

TITLE ☐ Change ☒ Addition
NAME D
Price, Chris
STREET ADDRESS 1125 S. Hankin Rd.
CITY-ST-ZIP Bartow, FL 33830-8656

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Signature Required* Lee Curles 3-16-02 863-669-9582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)