

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90115 022 ****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

Zip

Country

Zip

Country

4. FEI Number **59-3245408**

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

**JONES, NORMAN H
5436 MARLOWE LN.
LAKE LAND FL 33810**

Name

Curles, Lee

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

2638 Ralph Rd.

City

Lake land

FL

Zip Code

33801

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

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

Lee Curles
Treasurer

(NOTE: Registered Agent signature required when reinstating)

3-17-03

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	D	<input type="checkbox"/> Delete
NAME	BETHUNE, ROY	
STREET ADDRESS	1940 SPARKMAN ROAD	
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	LAKE LAND FL 33805	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, NORMAN	
STREET ADDRESS	5442 MARLOWE LANE	
CITY-ST-ZIP	LAKE LAND FL 33810	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEACH, JON	
STREET ADDRESS	5436 RALPH LN	
CITY-ST-ZIP	LAKE LAND FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, CURLES	
STREET ADDRESS	2638 RALPH RD	
CITY-ST-ZIP	LAKE LAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, CHRIS	
STREET ADDRESS	1125 S. HANKIN RD	
CITY-ST-ZIP	BARTOW FL 33830	

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jones, Raymond	
STREET ADDRESS	5126 Turtle Dove Trail	
CITY-ST-ZIP	Lake land, FL 33810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T	
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:

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

REQU@Curles, Lee

3-17-03

863

669-9582

CR2E037 (10/02)