

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000003016**

1. Entity Name

LAKE CHRISTIAN FELLOWSHIP, INC.**FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90234 007 ****61.25

Principal Place of Business

**1705 S. GRAND HIGHWAY
CLERMONT FL 34711**

Mailing Address

**POST OFFICE BOX 1283
CLERMONT FL 34712**

2. Principal Place of Business

550 DISSTON AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT F

City & State

4. FEI Number

31-1472272

Applied For

Not Applicable

Zip

34711

Country

LAKE

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GILL, JEROME F.
1705 S. GRAND HIGHWAY
CLERMONT FL 34711**

7. Name and Address of New Registered Agent

Name **GILL JEROME F.**

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

550 DISSTON AVE

City

CLERMONT**FL**

Zip Code

34711

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILL, JEROME F. 550 DISSTON AVENUE CLERMONT FL 34711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, GREGG 17624 KIRKLAND RD MONTVERDE FL 34756	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, CLIFFORD 20945 SHADY GROVE ROAD GROVELAND FL 34736	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)