

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001079

1. Entity Name

LAKELAND WORD OF FAITH CHURCH, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90052 024 ****70.00

Principal Place of Business

1553 S COMBEE RD
LAKELAND FL 33801

Mailing Address

772 SPICEWOOD DR
LAKELAND FL 33801-7513

2. Principal Place of Business

2104 E. Edgewood Dr

3. Mailing Address

Suite, Apt. #, etc.

Lakeland, Florida

City & State

33803 USA

Zip

Country

Zip

Country

4. FEI Number

59-3430532

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KESTNER, PATRICIA
772 SPICEWOOD DR
LAKELAND FL 33801

7. Name and Address of New Registered Agent

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 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 PD ☐ Delete
NAME KESTNER, PATRICIA
STREET ADDRESS 772 SPICEWOOD DR
CITY-ST-ZIP LAKELAND FL 33801

TITLE VD ☐ Delete
NAME KESTNER, DEL
STREET ADDRESS 772 SPICEWOOD DR
CITY-ST-ZIP LAKELAND FL 33801

TITLE T ☐ Delete
NAME MCQUITTY, FLOYD
STREET ADDRESS 918 DOVE RIDGE DR
CITY-ST-ZIP LAKELAND FL 33801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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: PATRICIA KESTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00 (863) 667-4934

Date

Daytime Phone #

CR2F037 (9/00)