

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002339

1. Entity Name

LAKE TRAFFORD INDEPENDENT BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

1207 CARSON ROAD
IMMOKALEE FL 341421207 CARSON ROAD
IMMOKALEE FL 34142

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

65-0765977

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLBROOKS, HOYT
1207 CARSON ROAD
IMMOKALEE FL 34142

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 reissuing)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

☐ Delete

TITLE

P

HOLBROOKS, HOYT
1207 CARSON ROAD
IMMOKALEE FL 34142

TITLE

VD

RAYBURN, JERRY
604 NEW MARKET ROAD
IMMOKALEE FL 34142

TITLE

S

DELUNA, ANGIE
4666 DELEON STREET APT #0-288
FORT MYERS FL 33907

TITLE

D - Vice P.

DELUNA, RAY JR
4666 DELEON ST. -APT #0288
FORT MYERS FL 33907

TITLE

D

GREEN, ROBERT F
P.O. BOX 2340
IMMOKALEE FL 34143

TITLE

STREET ADDRESS
CITY-ST-ZIP☐ Delete

TITLE

D.

Mark Ashley
612 Nassau St.
Immokalee FL 34142

TITLE

D.

DANNY D. BARNBY
1002 RICHMOND RD.
Immokalee FL 34142

TITLE

STREET ADDRESS
CITY-ST-ZIP

TITLE

STREET ADDRESS
CITY-ST-ZIP

TITLE

STREET ADDRESS
CITY-ST-ZIP

TITLE

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:

HOLBROOKS, HOYT

9-4-01

941-657-2830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/01)