

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004173

1. Entity Name

ROUND LAKE BAPTIST CHURCH OF ROUND LAKE, FLORIDA

Principal Place of Business

4450 LAFAYETTE STREET
MARIANNA FL 32446
US

Mailing Address

P.O. BOX 1508
MARIANNA FL 32447-5508
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3364004

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BONDURANT, FRANK E
4450 LAFAYETTE STREET
MARIANNA FL 32446

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
NELSON, CHERYL
189 PIKE POND ROAD
CHIPLEY FL 32428

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
JOINER, ROY
17714 CENTER DRIVE
FOUNTAIN FL 32438

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
WILLIAMS, JUDY
1050 MILL ROAD
ALFORD FL 32420

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TREASURER
MILLER, SYBIL
1381 SHORES ROAD
ALFORD, FL 32420
ASSISTANT TREASURER

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

Stacy Miller REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-00 850-579-4870

CR2E037 (9/99)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90015 043 ****61.25

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