

2002 UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-07-2002 90030 038 ****61.25

DOCUMENT # N97000004173

1. Entity Name

**ROUND LAKE BAPTIST CHURCH OF ROUND LAKE, FLORIDA
INC.**

Principal Place of Business

**4450 LAFAYETTE STREET
MARIANNA FL 32446
US**

Mailing Address

**P.O. BOX 1508
MARIANNA FL 32447
US**

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

59-3364004

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 32448**

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 **D** ☐ Delete
NAME **NELSON, CHERYL**
STREET ADDRESS **189 PIKE POND ROAD**
CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **T** ☐ Delete
NAME **MILLER, SYBIL**
STREET ADDRESS **1381 SHORES RD**
CITY-ST-ZIP **ALFORD FL 32420**

TITLE **AT** ☐ Delete
NAME **WILLIAMS, JUDY**
STREET ADDRESS **1050 MILL ROAD**
CITY-ST-ZIP **ALFORD FL 32420**

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
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)