

2002,UNIFORM BUSINESS REPORT (UBR)

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

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

7. Name and Address of New Registered Agent

BONDURANT, FRANK E
4450 LAFAYETTE STREET
MARIANNA FL 32446

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

4 FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 Change AdditionTITLE T
NAME MILLER, SYBIL
STREET ADDRESS 1381 SHORES RD
CITY-ST-ZIP ALFORD FL 32420 Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 Change AdditionTITLE AT
NAME WILLIAMS, JUDY
STREET ADDRESS 1050 MILL ROAD
CITY-ST-ZIP ALFORD FL 32420 Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 Change AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

 Change AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP Delete

TITLE

NAME

STREET ADDRESS

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Miller 4/9/02

3/

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

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

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)