

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004447

1. Entity Name

TURNING POINT BAPTIST CHURCH OF LAKE LAND, FLORID

Principal Place of Business

5140 BAILEY ROAD
MULBERRY FL 33860

Mailing Address

5140 BAILEY ROAD
MULBERRY FL 33860-9456

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

59-3462837

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEEN, GERALD L
1018 AUDOBON DRIVE
LAKE LAND FL 33809

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

Gerald L Keen

TREASURER

2/13/2000

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	DP LINDSEY, S L	<input type="checkbox"/> Delete
STREET ADDRESS	3405 IMPERIAL LANE	
CITY-ST-ZIP	LAKE LAND FL 33813	
TITLE	DV BARTLETT, THOMAS F	<input type="checkbox"/> Delete
STREET ADDRESS	4097 STONEHEDGE ROAD	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	DS KINCAID, DONNA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1400 GRASSLAND BLVD., #64	
CITY-ST-ZIP	LAKE LAND FL 33803	
TITLE	DT KEEN, GERALD L	<input type="checkbox"/> Delete
STREET ADDRESS	1018 AUDOBON DRIVE	
CITY-ST-ZIP	LAKE LAND FL 33809	
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DS KAREN WILSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5810 WINDWOOD DRIVE	
CITY-ST-ZIP	LAKE LAND, FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

Gerald L Keen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/2000 863-686-8754

CR2E037 (9/99)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90013 028 ****61.25

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DO NOT WRITE IN THIS SPACE