

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 08:00 AM
Secretary of State

DOCUMENT # N97000004786
 1. Entity Name
 FIRST BAPTIST CHURCH OF IMPERIAL LAKES, LAKELAND, FLORIDA, INC.

Principal Place of Business 1905 SHEPHERD ROAD LAKELAND FL	Mailing Address 1905 SHEPHERD ROAD LAKELAND FL
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2. Principal Place of Business 1905 SHEPHERD ROAD	3. Mailing Address 1905 SHEPHERD ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKELAND FL	City & State LAKELAND FL	4. FEI Number 59-3483203	Applied For Not Applicable
Zip 33811	Country	Zip 33811	Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SIMMONS TERRY
 1905 SHEPHERD ROAD
 LAKELAND FL

7. Name and Address of New Registered Agent

Name
SIMMONS TERRY
 Street Address (P.O. Box Number is Not Acceptable)
 1905 SHEPHERD ROAD
 City
LAKELAND FL Zip Code
33811

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 _____ DATE **04/28/2001**
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	SD ROYAL GEORGE 3210 PEACOCK LANE MULBERRY FL 33860 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARENA MIKE 5094 NORRISWOOD DRIVE MULBERRY FL 33860 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VANDERWIER DAVID 6283 FORESTWOOD DR LAKELAND FL 33811 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS TERRY 5305 ENDEAVOR AVENUE DOVER FL 33527 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mike Arena TD **04/28/2001**

CR2E037 (11/00)