

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90009 012 \*\*\*\*61.25

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1. Corporation Name

EAST LAKE BAPTIST FELLOWSHIP CHURCH, INC.

Principal Place of Business

1335 MORNINGSIDE ST.  
MT. DORA FL 32757

Mailing Address

1335 MORNINGSIDE ST.  
MT. DORA FL 32757



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

32703

30

Orange

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

59-3472943

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MCCANN, GERALD  
31100 POCNO ST.  
SORRENTO FL 32776

10. Name and Address of New Registered Agent

81 Name

EDGAR A. PIKE

82 Street Address (P.O. Box Number is Not Acceptable)

1207 LYNWOOD AVE

83

84 City

APOPKA

FL

85 Zip Code

32703

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Edgar A. Pike

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME MCCANN, GERALD  
STREET ADDRESS 31100 POCNO ST.  
CITY-ST-ZIP SORRENTO FL 32776

TITLE D ☒ DELETE

NAME DUNN, MIKE  
STREET ADDRESS 25192 THORNHILL DR.  
CITY-ST-ZIP MT. PLYMOUTH FL 32776

TITLE D ☒ DELETE

NAME ELMORE, LAURIE  
STREET ADDRESS P. O. BOX 82  
CITY-ST-ZIP SORRENTO FL 32776

TITLE D ☒ DELETE

NAME RUDY, ROSE  
STREET ADDRESS 31105 WESTCHESTER AVE.  
CITY-ST-ZIP SORRENTO FL 32776

TITLE D ☒ DELETE

NAME CARTER, BILLY  
STREET ADDRESS 32408 CHIPOLA TRAIL  
CITY-ST-ZIP SORRENTO FL 32776

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME PIKE EDGAR A.  
1.3 STREET ADDRESS 1207 LYNWOOD AVE  
1.4 CITY-ST-ZIP APOPKA, FL 32703

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME BREWER, K. STEVEN  
2.3 STREET ADDRESS 1019 CHOCOLATE CHERRY DR  
2.4 CITY-ST-ZIP WINTER SPRINGS, FL 32708

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME Biddle, Freda  
3.3 STREET ADDRESS 30021 C.R. 437  
3.4 CITY-ST-ZIP SORRENTO, FL 32776

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Freda Biddle

3/29/99

352-383-5292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-(11/98)

0014419