

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90037 002 ****70.00

DOCUMENT # N97000004981

1. Entity Name

EAST LAKE BAPTIST FELLOWSHIP CHURCH, INC.

Principal Place of Business

Mailing Address

1335 MORNINGSIDE ST.
MT. DORA FL 32757

1207 LYNWOOD AVE
APOPKA FL 32703-6735

2. Principal Place of Business

3. Mailing Address

25530 STATE RD 46

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MT. PLYMOUTH, FL

City & State

4. FEI Number

59-3472943

Applied For

Not Applicable

Zip

Country

32776 LAKE

Zip

Country

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

Name

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

City

FL

Zip Code

PIKE, EDGAR A
1207 LYNWOOD AVE
APOPKA FL 32703

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	PIKE, GERALD A	
STREET ADDRESS	1207 LYNWOOD AVE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<input type="checkbox"/> Delete
NAME	BREWER, K STEVEN	
STREET ADDRESS	1019 CHOKE CHERRY DR	
CITY-ST-ZIP	WINTER PARK FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	BIDDLE, FREDA	
STREET ADDRESS	30021 CR 437	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIKE, EDGAR A	
STREET ADDRESS	1207 LYNWOOD AVE	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Edgar A. Pike
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2000
Date

(407) 869-7849
Daytime Phone #

CR2E037 (9/99)