

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 27, 2001 8:00 am
Secretary of State

01-29-2001 90011 027 ****70.00

DOCUMENT # N97000004981

1. Entity Name

EAST LAKE BAPTIST FELLOWSHIP CHURCH, INC.

Principal Place of Business

1335 MORNINGSTAR ST.
MT. DORA FL 32757

Mailing Address

1207 LYNWOOD AVE
APOPKA FL 32703

2. Principal Place of Business

25530 STATE RD 46

3. Mailing Address

P.O. Box 939

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MT. PLYMOUTH, FL

City & State

SORRENTO, FL

Zip

32776

Country

USA

Zip

32776

Country

USA

4. FEI Number

59-3472943

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIKE, EDGAR A
1207 LYNWOOD AVE
APOPKA FL 32703

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

Edgar A. Pike TRUSTEE

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	D	<input type="checkbox"/> Delete
NAME	PIKE, EDGAR 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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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:

SIGNATURE REQUIRED *Freda Biddle* 2-16-2001 352-383-5292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Freda Biddle

CR2E037 (10/00)