

2001 UNIFORM BUSINESS REPORT (UBR)

3/14

FILED

Mar 28, 2001 8:00 am
Secretary of State

03-14-2001 90013 042 ****70.00

DOCUMENT #

1. Entity Name

N98000001060 ✓

Principal Place of Business

Mailing Address

109 W. LAKEVIEW ST.
Lady Lake, FL
32159

P.O. Box 40
Lady Lake, FL
32158

2. Principal Place of Business

3. Mailing Address

109 W. LAKEVIEW ST.

P.O. Box 40

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lady Lake, FL

City & State

LADY LAKE, FL

4. FEI Number

59-3493314

Applied For

Not Applicable

Zip

Country

32159

USA

Zip

Country

32158

USA

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

NORTH LAKE BAPTIST CHURCH

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

109 W. LAKEVIEW ST

City

LADY LAKE FL

Zip Code

32159

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

Donald P. Stanley - Pastor

Donald P. Stanley

2-27-2001

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

Pastor
Donald P. Stanley
34325 Black Bass Circle
Fruitland Park, FL 34731

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

Treasurer
EARL STARROED
1111 SAN ANTONIO LANE
LADY LAKE, FL 32159

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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:

Donald P. Stanley, Pastor

2-27-01

352-751-0299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)