

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-27-2002 90422 030 ****61.25

DOCUMENT # **N98000001060** ✓

1. Entity Name

NORTH LAKE BAPTIST CHURCH**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

10465 SE 159th ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 40

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

36266City & State
SUMMERFIELD FLCity & State
LADY LAKE FL

4. FEI Number

59-3493314

Applied For

Not Applicable

Zip

Country

Zip

Country

34491-7619**U.S.A****32158****U.S.A**5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
NORTH LAKE BAPTIST CHURCH

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

10465 SE 159th ST

City

SUMMERFIELD

FL

Zip Code

32158**DO NOT WRITE
IN THIS SPACE**

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 renewing)

DATE

FEE IS \$61.25
Initial or Amended UBR9. 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
PASTOR
DAVID P STANLEY
34325 BLACKBASS CIRCLE
FRUITLAND PARK FL 34731

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TREASURER
RICHARD CONKLIN
P.O. Box 642
WEIRSDALE FL 32195

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CLERK
Betty Claspell
310 Santa Clara Circle
LADY LAKE FL 32159

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **David P. Stanley**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-02

Date

352-288-4111

Daytime Phone #

CR2E037B (12/01)