

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005428

1. Entity Name

THE GREAT COMMISSION BAPTIST CHURCH OF LAKELAND,

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90198 037 ****61.25

Principal Place of Business

Mailing Address

~~3120 SYLVESTER RD.~~ **1821 SKYVIEW DR.** ~~2120 SYLVESTER RD.~~ **P.O. BOX**
~~LAKELAND FL 33803~~ **LAKELAND FL 33801** ~~LAKELAND FL 33803-3537~~ **2348**
EATON PARK,
FL 33840

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

X 59-3616933

Applied For

Not Applicable

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

HOLTON, EDWIN G.
4480 OLD COLONY RD.
MULBERRY FL 33860

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

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	PD	<input type="checkbox"/> Delete
NAME	HOLTON, EDWIN G	
STREET ADDRESS	4480 OLD COLONY RD.	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CARR, GINA	
STREET ADDRESS	5409 LAKE LUTHER RD.	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIBURD, ROY V	
STREET ADDRESS	738 CANDYCE AVE.	
CITY-ST-ZIP	LAKELAND FL 33805	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ELIZABETH BERRY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	416 EL DORADO	
CITY-ST-ZIP	LAKELAND, FL 33809	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. HOLTON **4/6/00** **(863)669-1118**

Date

Daytime Phone #

CR2E037 (9/99)