

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704679

1. Entity Name

FLORIDA BAPTIST FAMILY MINISTRIES, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90023 007 ****70.00

Principal Place of Business

1015 SIKES BLVD
LAKELAND FL 33801-1499

Mailing Address

PO BOX 8190
LAKELAND FL 33802-8190
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0657326

Applied For

Not Applicable

Zip

Country

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

HODGES, CHARLES
3803 OLD HIGHWAY 37
#127
LAKELAND FL 33813

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

TITLE	CD	<input type="checkbox"/> Delete
NAME	HAHN, JAMES P	
STREET ADDRESS	PO BOX 38	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	GRIGSBY, NANCY	
STREET ADDRESS	1740 BOLTON VILLAGE LN	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	SALTSMAN, DAN	
STREET ADDRESS	7459 HAZELNUT DRIVE	
CITY-ST-ZIP	WEBSTER FL 33567	
TITLE	P	<input type="checkbox"/> Delete
NAME	HODGES, CHARLES	
STREET ADDRESS	3803 OLD HIGHWAY 37, # 127	
CITY-ST-ZIP	LAKELAND FL	
TITLE	VP/T	<input type="checkbox"/> Delete
NAME	JOHNSTON, STEVEN P	
STREET ADDRESS	2025 SYLVESTER	
CITY-ST-ZIP	LAKELAND FL 33802	
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
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:

STEVEN P JOHNSTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00

Date

941-687-8811

Daytime Phone #

CP2E037 (9/99)