

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90161 023 \*\*\*\*61.25

**DOCUMENT # 762410**

1. Entity Name

**BACK TO CHRIST EVANGELISTIC ASSOCIATION, INC.**

Principal Place of Business

502 CALHOUN AVENUE  
 SEFFNER FL 33584

Mailing Address

502 CALHOUN AVENUE  
 SEFFNER FL 33584

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0543628**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**JACKSON, MARVIN P ESQUIRE**  
**205 MARTIN LUTHER KING BLVD**  
**PO BOX 7461**  
**TAMPA FL 33673**

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 \_\_\_\_\_

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 PD  Delete  
 NAME **MOORE, LEWIS ELDER**  
 STREET ADDRESS **502 CALHOUN AVENUE**  
 CITY-ST-ZIP **SEFFNER FL 33584**

TITLE D  Delete  
 NAME **BALKMAN, ROBERT**  
 STREET ADDRESS **6659 MESSER DR.**  
 CITY-ST-ZIP **SEFFNER FL 33584**

TITLE D  Delete  
 NAME **BALKMAN, JENETTE**  
 STREET ADDRESS **6659 MESSER DRIVE**  
 CITY-ST-ZIP **SEFFNER FL 33584**

TITLE D  Delete  
 NAME **MOORE, VICTOR**  
 STREET ADDRESS **502 CALHOUN AVE**  
 CITY-ST-ZIP **SEFFNER FL 33584**

TITLE FSD  Delete  
 NAME **KELLY, LEROY**  
 STREET ADDRESS **507 CALHOUN AVE**  
 CITY-ST-ZIP **SEFFNER FL 33584**

TITLE RSD  Delete  
 NAME **MOORE, VICTORIA E**  
 STREET ADDRESS **9402 19TH ST**  
 CITY-ST-ZIP **TAMPA FL 33612**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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 *Jackson Moore* SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813)  
 1-23-2001 6895023

Date Daytime Phone #

CR2E037 (10/00)