

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90154 003 ****61.25

DOCUMENT # N97000006577

1. Entity Name

**BLOOMINGDALE OAKS BAPTIST CHURCH OF VALRICO, FLA
 ., INC.**

Principal Place of Business

Mailing Address

**1653 BLOOMINGDALE AVE
 VALRICO FL 33594**

**1653 BLOOMINGDALE AVE
 VALRICO FL 33594**

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

59-3356843

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

**ODOM, JOHN
 1653 BLOOMINGDALE AVE
 VALRICO FL 33594**

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

John Odom

John Odom, PD

2/28/2002

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** ☐ Delete
 NAME **ODOM, JOHN**
 STREET ADDRESS **2506 WRENEREST CIRCLE**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** ☐ Delete
 NAME **ABBOTT, COURT**
 STREET ADDRESS **1401 VIOLA DRIVE**
 CITY-ST-ZIP **BRANDON FL 33511**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SPOONER, ROBERT**
 STREET ADDRESS **2203 GREENHILLS DRIVE**
 CITY-ST-ZIP **VALRICO FL 33594**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **MURRAY, STEPHEN**
 STREET ADDRESS **18009 MISTY BLUE LANE**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **HAFFER, ROXANE**
 STREET ADDRESS **1902 4TH ST SW**
 CITY-ST-ZIP **RUSKIN FL 33570**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **NORMAN, NORMA J**
 STREET ADDRESS **145 BUTLER ROAD**
 CITY-ST-ZIP **BRANDON FL 33511**

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:

John Odom
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Odom, PD 2/1/2002 813/684-4673

Date

Daytime Phone #

CR2E037 (9/01)