

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2001 08:00 AM****Secretary of State****DOCUMENT # 722009**

1. Entity Name

PASCO BAPTIST ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2537 HENLEY RD

P.O. BOX 860

LAND O'LAKES

FL

34639

US

LAND O'LAKES

FL

34639

US

2. Principal Place of Business

2537 HENLEY RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LUTZ

FL

City & State

4. FEI Number

59-2185515

Applied For

Not Applicable

Zip

Country

33549

US

Zip

Country

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

WALTON DON R

2537 HENLEY RD

LAND O'LAKES

FL

34639

US

7. Name and Address of New Registered Agent

Name

WALTON DON R

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

2537 HENLEY RD

City

LUTZ

FL

Zip Code

33549

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 reinstalling)

01/26/2001

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	VD	<input type="checkbox"/> Delete
NAME	WEBB WILLIAM	
STREET ADDRESS	8085 WOODEN DR	
CITY-ST-ZIP	SPRING HILL FL 346066803	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DELONG TED	
STREET ADDRESS	3900 CHAH DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRINGTON VIRGINIA	
STREET ADDRESS	24748 BLACK CREEK CT	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	T	<input type="checkbox"/> Delete
NAME	ATKINSON NEDDY L.	
STREET ADDRESS	303 GRAND AVE.	
CITY-ST-ZIP	MASARYKTOWN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS DAVID	
STREET ADDRESS	28731 THOMASVILLE PLACE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH CLAUDE	
STREET ADDRESS	8704 RICHLAND SCHOOL RD.	
CITY-ST-ZIP	ZEPHYRHILLS FL 335405461	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT DEBRA L	
STREET ADDRESS	29642 DARBY ROAD	
CITY-ST-ZIP	DADE CITY FL 33525	
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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA L. BENNETT**S****01/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)