

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-30-2002 90127 012 ****61.25

DOCUMENT # 707539

1. Entity Name

FIRST BAPTIST CHURCH OF OLDSMAR, INC.

Principal Place of Business

Mailing Address

650 BURBANK ROAD
 OLDSMAR FL 34677

650 BURBANK ROAD
 OLDSMAR FL 34677

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 **59-2066641**

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

PRESTON, REV EDDIE L
1337 COLUMBIA AVENUE
PALM HARBOR FL 33563

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 re-registering)

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 **TPD**
 NAME **MASON, DAVID**
 STREET ADDRESS **10401 STIRRUP WAY**
 CITY-ST-ZIP **TAMPA FL**

☐ Delete

TITLE **PD**
 NAME **WARREN, HAROLD**
 STREET ADDRESS **7002 JACKSON SPRINGS RD**
 CITY-ST-ZIP **TAMPA, FL 00000**

☒ Delete

TITLE **VD**
 NAME **NELSON, CHARLES**
 STREET ADDRESS **2720 WENDOVER TERRACE**
 CITY-ST-ZIP **PALM HARBOR FL**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **D**
 NAME **PRESIDENT NELSON, CHARLES**
 STREET ADDRESS **2720 WENDOVER TERRACE**
 CITY-ST-ZIP **PALM HARBOR, FL**

☒ Change

☐ Addition

TITLE **D**
 NAME **VICE PRESIDENT ROBERT KEOCE**
 STREET ADDRESS **300 NATIONAL ORANGE AVE.**
 CITY-ST-ZIP **OLDSMAR, FL. 34677**

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change

☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

813 855 4475

Daytime Phone #

CR2E037 (9/01)