

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700666

1. Entity Name

NEW TESTAMENT BAPTIST CHURCH, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90095 047 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2128 S CRYSTAL LAKE DR  
LAKELAND FL 33801

2128 S CRYSTAL LAKE DR  
LAKELAND FLA 33801-6611

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

48-0981019

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

JEFFERS, DANIEL W.  
2009 WOODBRIAR LOOP NORTH  
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]*

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 ☒ Delete  
NAME T  
STREET ADDRESS ROSTELLA, NICK  
CITY-ST-ZIP 6107 PARK LANE  
LAKELAND, FL 00000 33813

TITLE ☐ Change ☒ Addition  
NAME Trustee  
STREET ADDRESS JASON Halkesma  
CITY-ST-ZIP 2850 Eight Iron Dr.  
Lakeland FL 33801

TITLE ☐ Delete  
NAME P  
STREET ADDRESS JEFFERS, DANIEL  
CITY-ST-ZIP 2009 WOODBRIAR LOOP NO  
LAKELAND, FL 00000

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

TITLE ☒ Delete  
NAME TD  
STREET ADDRESS MILLER, HIRAM EUGENE  
CITY-ST-ZIP 1535 PINE GLENN RD  
LAKELAND, FL 00000

TITLE ☐ Change ☒ Addition  
NAME Trustee  
STREET ADDRESS Jerry O'Hara  
CITY-ST-ZIP 3204 Fletcher  
Eaton Park FL 33840

TITLE ☐ Delete  
NAME T  
STREET ADDRESS O'CONNOR, MIKE  
CITY-ST-ZIP 5303 TILLERY RD  
LAKELAND FL 33813

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

TITLE ☐ Delete  
NAME T  
STREET ADDRESS HAYES, GREG  
CITY-ST-ZIP 844 BUTTERCUP DRIVE  
LAKELAND FL

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

TITLE ☒ Delete  
NAME S  
STREET ADDRESS MILLER, CHERYL  
CITY-ST-ZIP 1535 PINE GLEN RD  
LAKELAND FL

TITLE ☐ Change ☒ Addition  
NAME Secretary  
STREET ADDRESS Debbie Gatlin  
CITY-ST-ZIP 1803 W. MARJORIE ST  
Lakeland FL 33801

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]* DANIEL W. Jeffers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-1-2000 863-665-8374