

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90167 050 ****61.25

DOCUMENT # 700666

1. Entity Name

NEW TESTAMENT BAPTIST CHURCH, INC.

Principal Place of Business

2128 S CRYSTAL LAKE DR
 LAKELAND FL 33801

Mailing Address

2128 S CRYSTAL LAKE DR
 LAKELAND FL 33801

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

JEFFERS, DANIEL W.
2009 WOODBRIAR LOOP NORTH
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name **Brian Stewart**

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

1475 Woodlake Dr. Apt 188

City **Lakeland**

FL

Zip Code
33803

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.

Brian C. Stewart Pastor/President 4/11/02

(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 **HALBESMA, JASON**
 STREET ADDRESS **2850 EIGHT IRON DR**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☒ Change ☐ Addition
 NAME **Jason Halbesma**
 STREET ADDRESS **918 Jere Cir**
 CITY-ST-ZIP **Lakeland FL 33801**

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

TITLE ☐ Change ☐ Addition
 NAME **Brian Stewart**
 STREET ADDRESS **1475 Woodlake Dr Apt 188**
 CITY-ST-ZIP **Lakeland - FL 33803**

TITLE ☐ Delete
 NAME **O'HARA, JERRY**
 STREET ADDRESS **3204 FLETCHER**
 CITY-ST-ZIP **EATON PARK FL 33840**

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

TITLE ☐ Delete
 NAME **O'CONNOR, MIKE**
 STREET ADDRESS **5303 TILLERY RD**
 CITY-ST-ZIP **LAKELAND FL 33813**

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

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

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

TITLE ☒ Delete
 NAME **GATLIN, DEBBIE**
 STREET ADDRESS **1803 W MARJORIE ST**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Change ☒ Addition
 NAME **Becky Halbesma**
 STREET ADDRESS **918 Jere Cir**
 CITY-ST-ZIP **Lakeland FL 33803**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

Date

863 665 8810

Daytime Phone #

CR2E037 (9/01)