

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90017 044 \*\*\*\*70.00

**DOCUMENT # 704116**

1. Entity Name

**FIRST BAPTIST CHURCH OF HOLIDAY, INC.**

Principal Place of Business

**4807 MILE STRETCH DR  
HOLIDAY FL 34690**

Mailing Address

**4807 MILE STRETCH DR  
HOLIDAY FL 34690**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2329865**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LIVINGSTON, SANDY  
13004 DANIA ST  
HUDSON FL 34667**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

**After September 12, 2001, min. will be \$236.25**

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 **AT/D** ☐ Delete  
NAME **LIVINGSTON, SANDY**  
STREET ADDRESS **13004 DANIA ST**  
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **D** ☒ Delete  
NAME **SHANKS, MITCHELL**  
STREET ADDRESS **6741 POMANDER AVE.**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **DT** ☒ Delete  
NAME **LARKINS, MELVIN**  
STREET ADDRESS **6848 NEBRASKA AVENUE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **T/D** ☐ Delete  
NAME **PALMER, KATHY**  
STREET ADDRESS **5140 CECERO DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D/S** ☐ Delete  
NAME **RUTH PONDER**  
STREET ADDRESS **3450 TRUMAN DA**  
CITY-ST-ZIP **HOLIDAY, FL 34691**

TITLE **C/M** ☐ Delete  
NAME **ALLEN POINDEXTER**  
STREET ADDRESS **7135 BEAUNDALE CT**  
CITY-ST-ZIP **PORT RICHEY, FL 34690**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

SIGNATURE REQUIRED

**SANDY LIVINGSTON**

**7/18/01**

**727-919-2210**

CR2E037 (5/01)

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