

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 704189

1. Entity Name

FIRST BAPTIST CHURCH OF OZONA-PALM HARBOR, INC.

Principal Place of Business

610 PENNSYLVANIA AVE  
P.O. BOX 338  
OZONA FL 34660

Mailing Address

610 PENNSYLVANIA AVE  
P.O. BOX 338  
OZONA FL 34660-0338

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

59-2125607

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

MCDONALD, DOUGLAS  
611 PENN AVE  
OZONA FL 34660

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

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 JOHNSON, CLAYTON  
STREET ADDRESS 412 ULELAH AVENUE  
CITY-ST-ZIP PALM HARBOR FL

TITLE ☐ Change ☒ Addition  
NAME Donald Carney  
STREET ADDRESS 2755 Curlew Rd. #117  
CITY-ST-ZIP Palm Harbor, FL. 34684

TITLE ☒ Delete  
NAME CAMPBELL, NEAL JR.  
STREET ADDRESS 1863 ARBOR DR. S.  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Change ☒ Addition  
NAME Edward J. Hohmann  
STREET ADDRESS 1335 Ohio Ave.  
CITY-ST-ZIP Palm Harbor, FL. 34683

TITLE ☐ Delete  
NAME BAIR, EARL  
STREET ADDRESS 1881 SHELLY DRIVE  
CITY-ST-ZIP PALM HARBOR FL 34684

TITLE ☐ Change ☒ Addition  
NAME David Peeples  
STREET ADDRESS 9 Haig Pl. #702  
CITY-ST-ZIP Dunedin, FL. 34698

TITLE ☐ Delete  
NAME MCDONALD, DOUGLAS A  
STREET ADDRESS 1644 ST. CATHERINE W.  
CITY-ST-ZIP DUNEDIN FL 34698

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: *Douglas A. McDonald*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 21, 2000

Date

Daytime Phone #

CR2E037 (9/99)