

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90052 012 ****61.25

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

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 **T**
STREET ADDRESS **CARNEY, DONALD**
CITY-ST-ZIP **2755 CURLEW, RD #117**
PALM HARBOR FL 34684

TITLE ☐ Change ☒ Addition
NAME **T.**
STREET ADDRESS **Campbell, Neal Jr.**
CITY-ST-ZIP **10910 Oak Drive**
Hudson, FL 34669

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

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **Johnson, Clayton**
CITY-ST-ZIP **412 Ulelah Ave.**
Palm Harbor, FL 34684

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

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

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **HOHMANN, EDWARD J**
CITY-ST-ZIP **1335 OHIO AVE**
PALM HARBOR FL 34683

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 powers.

SIGNATURE:

Douglas A. McDonald
Signature Required

January 16, 2001

Date

Daytime Phone #

CR2E037 (10/00)