

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709103

1. Entity Name

THE FIRST BAPTIST CHURCH OF ODESSA, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90042 018 ****61.25

Principal Place of Business

Mailing Address

1234 GUNN HWY
 ODESSA FL 33556-9303

1234 GUNN HWY
 ODESSA FL 33556-5302

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

59-2034069

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

STEPHENS, LOUIS
 19460 ANGEL LANE
 ODESSA FL 33556

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 TRD ☐ Delete
 NAME GASKINS, WILLIAM
 STREET ADDRESS 14721 ALBERTON LN
 CITY-ST-ZIP ODESSA FL

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

TITLE T ☐ Delete
 NAME STEPHENS, LIGIA
 STREET ADDRESS 19460 ANGEL LANE
 CITY-ST-ZIP ODESSA FL

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

TITLE ST ☒ Delete
 NAME CRAWFORD, SUSAN
 STREET ADDRESS 1016 HUNTSVILLE RD
 CITY-ST-ZIP ODESSA FL

TITLE ☒ Change ☐ Addition
 NAME S/T Martinez, Julie
 STREET ADDRESS 4502 New Dawn Ct
 CITY-ST-ZIP Wtzn, FL 33549

TITLE TR ☐ Delete
 NAME ALMAND, ANNE
 STREET ADDRESS 12533 FOUR WHEEL DR
 CITY-ST-ZIP TAMPA FL 33635

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 exemption.

SIGNATURE:

Julie Martinez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/25/00

Date

813-247-8734

Daytime Phone #

CF E037 (9/99)