

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715484

1. Entity Name

NEW ORLEANS BAPTIST CHURCH, INC.

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90113 019 ****61.25

Principal Place of Business

1109 E. OSBORNE AVE.
TAMPA FL 33603

Mailing Address

1109 E. OSBORNE AVE.
TAMPA FL 33603

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

59-0696292

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

HARRINGTON, BOBBIE J
4806 N OLNEY AVE
TAMPA FL 33603

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

Bobbie J Harrington

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-2002

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 D
STREET ADDRESS MOBLEY, JEWEL
CITY-ST-ZIP 5001 N 15TH ST
TAMPA FL 33610

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS KIRKLAND, DR. SAMUEL O SR
CITY-ST-ZIP 1109 E OSBORNE AVENUE
TAMPA FL 33603

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HIRES, JEANELLE
CITY-ST-ZIP 6004 RIVER TERR
TAMPA FL

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

TITLE ☐ Delete
NAME STD
STREET ADDRESS HARRINGTON, BOBBIE J
CITY-ST-ZIP 4806 N. OLNEY AVENUE
TAMPA FL 33603

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

TITLE ☐ Delete
NAME D
STREET ADDRESS KIRKLAND, KATIE M
CITY-ST-ZIP 1109 E. OSBORNE AVENUE
TAMPA FL 33603

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

TITLE ☐ Delete
NAME D
STREET ADDRESS STRICKLAND, PATRICIA P
CITY-ST-ZIP 1010 RIVER HTS.
TAMPA FL 33603

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-2002 813-238-0932

Date

Daytime Phone #

CR2E037 (9/01)