

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

**FILED**

**Jun 17 1998 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 717604 (3)**  
1. Corporation Name  
**FIRST BAPTIST CHURCH OF JASMINE LAKES, INC.**



Principal Place of Business  
**6835 JASMINE BLVD.  
PORT RICHEY FL 34668**

Mailing Address  
**6835 JASMINE BLVD.  
PORT RICHEY FL 34668**

3. Date Incorporated or Qualified  
**11/24/1969**

4. FEI Number  
**59-1500798**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 30

9. Name and Address of Current Registered Agent  
**ORTALIZ MIKE  
10338 LEANING OAK DR  
10516 TAPSTRY  
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent  
81 Name **BROWN, WAYNE**  
82 Street Address (P.O. Box Number is Not Acceptable) **13552 CLAUDIA DR**  
83 **HUDSON, FL 34667**  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Merry Brown* **Financial Overseer** DATE **3/17/98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>ORTALIZ, KAREN</b>
STREET ADDRESS	<b>10338 LEANING OAK DR</b>
CITY-ST-ZIP	<b>PORT RICHEY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ORNDORFF, JAMES</b>
STREET ADDRESS	<b>6819 JASMINE BLVD</b>
CITY-ST-ZIP	<b>PORT RICHEY FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BURDEN, STAN</b>
STREET ADDRESS	<b>10517 HIBISCUS DR</b>
CITY-ST-ZIP	<b>PORT RICHEY FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>Geneva Stamper, Treas</b>
STREET ADDRESS	<b>7146 Gibraltar Ave</b>
CITY-ST-ZIP	<b>New Port Richey FL 34653</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Secretary D</b>
1.3 STREET ADDRESS	<b>Brown, Merry</b>
1.4 CITY-ST-ZIP	<b>13552 Claudia Dr</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Hudson, FL 34667</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Treasurer</b>
3.3 STREET ADDRESS	<b>Geneva Stamper</b>
3.4 CITY-ST-ZIP	<b>7146 Gibraltar Ave</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>New Port Richey, FL 34653</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>(D) Meisegeier, Richard</b>
5.3 STREET ADDRESS	<b>Deacon, Vice Chair</b>
5.4 CITY-ST-ZIP	<b>4428 Marine Pkwy</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>New Port Richey FL 34653</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Merry Brown* **Financial Overseer** DATE **3/17/98**

CR2E037 (10/97)

Dep. \$61.25