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Secretary of State

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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 717604

1. Corporation Name

FIRST BAPTIST CHURCH OF JASMINE LAKES, INC.

Principal Place of Business

Mailing Address

6835 JASMINE BLVD.  
PORT RICHEY FL 34668

6835 JASMINE BLVD.  
PORT RICHEY FL 34668



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-1500798

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, WAYNE  
13552 CLAUDIA DRIVE  
HUDSON FL 34667

81 Name Archie Mudd  
82 Street Address (P.O. Box Number is Not Acceptable)  
3436 Tiki Dr.  
83  
84 City Holiday FL 85 Zip Code 34691

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 *Archie Mudd*

4-13-99

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

~~TITLE D  
NAME ORTALIZ, KAREN  
STREET ADDRESS 10336 LEANNING OAK DR  
CITY-ST-ZIP PORT RICHEY FL~~  DELETE

1.1 TITLE  Change  Addition  
1.2 NAME Bob Bowling  
1.3 STREET ADDRESS 6819 Jasmine Blvd.  
1.4 CITY-ST-ZIP Port Richey, FL 34668

~~TITLE D  
NAME ORNDORFF, JAMES  
STREET ADDRESS 6819 JASMINE BLVD  
CITY-ST-ZIP PORT RICHEY FL~~  DELETE

2.1 TITLE  Change  Addition  
2.2 NAME Tiffany Meisegeier  
2.3 STREET ADDRESS 7628 Sue Ellen Dr.  
2.4 CITY-ST-ZIP Port Richey, FL 34668

~~TITLE D  
NAME STAMPER, GENEVA  
STREET ADDRESS 7146 GIBALTAR AVENUE  
CITY-ST-ZIP NEW PORT RICHEY FL 34653~~  DELETE

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

~~TITLE SD  
NAME BROWN, MERRY  
STREET ADDRESS 13552 CLAUDIA DRIVE  
CITY-ST-ZIP HUDSON FL 34667~~  DELETE

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME MEISEGEIER, RICHARD  
STREET ADDRESS 4428 MARINE PARKWAY  
CITY-ST-ZIP NEW PORT RICHEY FL 34653  DELETE

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
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, with all other like empowered.

SIGNATURE: *Bob Bowling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 (727) 863-5467  
Date Daytime Phone #

CR2E037 (11/98)