


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90142 022 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**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.		11/24/1969	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1500798	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent

**BROWN, WAYNE**  
**13552 CLAUDIA DRIVE**  
**HUDSON FL 34667**

10. Name and Address of New Registered Agent

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	<del>D</del>	<del>DELETE</del>		1.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>ORTALIZ, KAREN</del>			1.2 NAME	Bob Bowling		
STREET ADDRESS	<del>10336 LEANING OAK DR</del>			1.3 STREET ADDRESS	6819 Jasmine Blvd.		
CITY-ST-ZIP	<del>PORT RICHEY FL</del>			1.4 CITY-ST-ZIP	Port Richey, FL 34668		
TITLE	<del>D</del>	<del>DELETE</del>		2.1 TITLE	Tiffany Meisegeier	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>ORNDORFF, JAMES</del>			2.2 NAME	7628 Sue Ellen Dr.		
STREET ADDRESS	<del>6819 JASMINE BLVD</del>			2.3 STREET ADDRESS	Port Richey, FL 34668		
CITY-ST-ZIP	<del>PORT RICHEY FL</del>			2.4 CITY-ST-ZIP			
TITLE	<del>D</del>	<del>DELETE</del>		3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>STAMPER, GENEVA</del>			3.2 NAME			
STREET ADDRESS	<del>7146 GIBRALTAR AVENUE</del>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<del>NEW PORT RICHEY FL 34653</del>			3.4 CITY-ST-ZIP			
TITLE	<del>SD</del>	<del>DELETE</del>		4.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>BROWN, MERRY</del>			4.2 NAME			
STREET ADDRESS	<del>13552 CLAUDIA DRIVE</del>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<del>HUDSON FL 34667</del>			4.4 CITY-ST-ZIP			
TITLE	<del>D</del>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<del>MEISEGEIER, RICHARD</del>			5.2 NAME			
STREET ADDRESS	<del>4428 MARINE PARKWAY</del>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<del>NEW PORT RICHEY FL 34653</del>			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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*

4/30/99 (727) 863-5467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)