

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90016 023 ****61.25

DOCUMENT # 717604

1. Entity 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-FLA 34668-2123

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

59-1500798

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

MUDD, ARCHIE
3436 TIKI DR
HOLIDAY FL 34691

Name **Bobby R. Bowling**
 Street Address (P.O. Box Number is Not Acceptable)
6819 Jasmine Blvd.

City **Port Richey** FL Zip Code **34668**

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 *Bobby R. Bowling* *Bobby R. Bowling*
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 Delete
 NAME **D BOWLING, BOB**
 STREET ADDRESS **6819 JASMINE BLVD**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE Change Addition
 NAME **Earl Blanton**
 STREET ADDRESS **4503 Rickover Ct.**
 CITY-ST-ZIP **Port Richey, FL 34668**

TITLE Delete
 NAME **D MEIGEGER, TIFFANY**
 STREET ADDRESS **7628 SUE ELLEN DR**
 CITY-ST-ZIP **PORT RICHEY FL 34668**

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

TITLE Delete
 NAME **T STAMPER, GENEVA**
 STREET ADDRESS **7146 GIBRALTAR AVENUE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE Change Addition
 NAME **up Faye Hagar**
 STREET ADDRESS **7531 Lancelot Rd.**
 CITY-ST-ZIP **Port Richey, FL 34668**

TITLE Delete
 NAME **SD BROWN, MERRY**
 STREET ADDRESS **13552 CLAUDIA DRIVE**
 CITY-ST-ZIP **HUDSON FL 34687**

TITLE Change Addition

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

TITLE Change Addition

TITLE Delete

TITLE Change Addition

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]* *[Signature]* *4-9-00* *727-848-5097*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)