

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717604

1. Entity Name

FIRST BAPTIST CHURCH OF JASMINE LAKES, INC.

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

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

Principal Place of Business Mailing Address
6835 JASMINE BLVD. 6835 JASMINE BLVD.
PORT RICHEY FL 34668 PORT RICHEY-FLA 34668-2123



DO NOT WRITE IN THIS SPACE

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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MUDD, ARCHIE
3436 TIKI DR
HOLIDAY FL 34691

7. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOWLING, BOB	
STREET ADDRESS	6819 JASMINE BLVD	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEIGER, TIFFANY	
STREET ADDRESS	7628 SUE ELLEN DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	STAMPER, GENEVA	
STREET ADDRESS	7146 GIBALTAR AVENUE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, MERRY	
STREET ADDRESS	13552 CLAUDIA DRIVE	
CITY-ST-ZIP	HUDSON FL 34687	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MEISEGEIER, RICHARD	
STREET ADDRESS	4428 MARINE PARKWAY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Earl Blanton	
STREET ADDRESS	4503 Rickover Ct.	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tiffany Meisegeier	
STREET ADDRESS	7628 Sue Ellen Dr.	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	UP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Faye Hagar	
STREET ADDRESS	7531 Lancelot Rd.	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-00 727-848-5097

CR2E037 (9/99)