

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90058 006 ****61.25

DOCUMENT # 717604

1. Entity 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

817795



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1500798

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Sue Ricketts
 Signature, typed or printed name of registered agent and title if applicable
Sue Ricketts
Treasurer

3/16/01

(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 **Clark, Bob**
 STREET ADDRESS **12050 Carver Av**
 CITY-ST-ZIP **New Port Richey Fl 34654**

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

TITLE ☒ Change ☒ Addition
 NAME **Blanton, Earl**
 STREET ADDRESS **4503 Rickover Ct**
 CITY-ST-ZIP **New Port Richey Fl 34652**

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

TITLE ☐ Change ☒ Addition
 NAME **Hager, Fay**
 STREET ADDRESS **7531 Lancelot Rd**
 CITY-ST-ZIP **Port Richey Fl**

TITLE ☒ Delete
 NAME **SD BROWN, MERRY**
 STREET ADDRESS **13552 CLAUDIA DRIVE**
 CITY-ST-ZIP **HUDSON FL 34667**

TITLE ☐ Change ☒ Addition
 NAME **Decker, David**
 STREET ADDRESS **9030 Flagstick La**
 CITY-ST-ZIP **Hudson, Fl 34667**

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

TITLE ☐ Change ☒ Addition
 NAME **Ricketts, Sue**
 STREET ADDRESS **9033 Flagstick La**
 CITY-ST-ZIP **Hudson-Fl 34667**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Sue Ricketts*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01 827 863 3274

Date

Daytime Phone #

CR2E037 (10/00)