

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90067 008 ****61.25

00546036

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 FL 34668

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



DO NOT WRITE IN THIS SPACE

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 **EARL BLANTON**
 Street Address (P.O. Box Number is Not Acceptable)
4503 RICKOVER CT
NEW PORT RICHEY, FL
 City **FL** Zip Code **34654**

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

Earl Blanton, DEACON

3/22/02

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	D	<input type="checkbox"/> Delete
NAME	CLARK, BOB	
STREET ADDRESS	12050 CARVER AV	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLANTON, EARL	
STREET ADDRESS	4503 RICKOVER CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAGER, FAY	
STREET ADDRESS	7531 LANCELOT RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DECKER, DAVID	
STREET ADDRESS	9030 FLAGSTICK LA	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICKETTS, SUE	
STREET ADDRESS	9033 FLAGSTICK LA	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRATHWAITE, ROY	
STREET ADDRESS	8835 JASMINE BLVD	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, PRISCILLA	
STREET ADDRESS	8835 JASMIN BLVD	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
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: *Priscilla Anderson* PRISCILLA J. ANDERSON 3/19/02 862-3873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)