

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720597

1. Entity Name

HAINES CREEK BAPTIST CHURCH, INC.

Principal Place of Business

33110 COUNTY RD., #473
LEESBURG FL 34788

Mailing Address

33110 COUNTY RD., #473
LEESBURG FL 34788

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2363167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARTHWAITE, SAM
500 N NEWELL HILL RD
CONDO 109C
LEESBURG FL 34748

Russ FREES

7. Name and Address of New Registered Agent

Name

Russ FREES

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

34105 Linda Lane

City

Leesburg

FL

Zip Code

34788

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

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	SD	<input checked="" type="checkbox"/> Delete
NAME	GARTHWAITE, JACQUELINE	
STREET ADDRESS	500 N NEWELL HILL RD, CONDO 109C	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	SHELPER, EMORY	
STREET ADDRESS	18 GINGER CIR	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HARDY, JAMES	
STREET ADDRESS	35607 CALLA COURT	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	RUSSELL FREES SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLEN FREES	
STREET ADDRESS	34105 Linda Lane	
CITY-ST-ZIP	Leesburg FL 34788	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VADA OVERMEYER	
STREET ADDRESS	210 S Lake #9	
CITY-ST-ZIP	TAVARES FL 32778	
TITLE	BAB WILSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	112 Waha Way	
STREET ADDRESS	Leesburg FL 34788	
CITY-ST-ZIP		
TITLE	Jim Barker	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	34100 Linda Lane	
STREET ADDRESS	Leesburg FL 34788	
CITY-ST-ZIP		
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

Vada Overmeyer
Treasurer

Date

4/18/00

Daytime Phone #

742 2442

CR2F037 (9/99)