

2002 UNIFORM BUSINESS REPORT (UBR)

3/21

FILED
Apr 24, 2002 8:00 am
Secretary of State

03-26-2002 90092 043 ****61.25

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.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

**FREES, RUSS
34105 LINDA LANE
LEESBURG FL 34788**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/15/2002
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** ☒ Delete
NAME **GARTHWAITE, JACQUELINE**
STREET ADDRESS **500 N NEWELL HILL RD, CONDO 109C**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **VT** ☒ Delete
NAME **SHELTER, EMORY**
STREET ADDRESS **18 GINGER CIR**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **DP** ☒ Delete
NAME **HARDY, JAMES**
STREET ADDRESS **35607 CALLA COURT**
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition
NAME **Hofer, Rose**
STREET ADDRESS **26 Buccaneer Dr. Leesburg, FL 34788**
CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
NAME **Barker, Barbara**
STREET ADDRESS **34100 Linda Lane Leesburg, FL 34788**
CITY-ST-ZIP

TITLE **DV** ☐ Change ☒ Addition
NAME **Barker, Jim**
STREET ADDRESS **34100 Linda Lane**
CITY-ST-ZIP **Leesburg, FL 34788**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

REGISTRATION REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Russ Frees **3/15/02** **352(742-2442)**

CR2E037 (9/01)