

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 729928**

1. Entity Name

BETHESDA BAPTIST CHURCH OF LAND O'LAKES, INC.**FILED****Jan 23, 2002 8:00 am**
Secretary of State

01-23-2002 90029 048 ****70.00

Principal Place of Business

Mailing Address

**524 RIVERSIDE DR
TARPON SPRINGS FL 34689****524 RIVERSIDE DR
TARPON SPRINGS FL 34689**

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

59-2397719

Applied For

Not Applicable

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

**BOONE, (JAMES H.)
1447 OSCEOLA HOLLOW RD
ODESSA FL 33556**

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)

DATE

FILE NOW: FEE IS \$61.259. 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** ☐ Delete
NAME **WEEKS, JODY**
STREET ADDRESS **3493 CARROLTON PLACE**
CITY-ST-ZIP **ODESSA FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CANNELLA, T B**
STREET ADDRESS **3809 HOLLOW OAK PL**
CITY-ST-ZIP **LAND LAKES FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **COUGHLIN, MICHAEL**
STREET ADDRESS **516 DIANE DR**
CITY-ST-ZIP **SPRINGHILL FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **BOONE, JAMES H**
STREET ADDRESS **1447 OSCEOLA HOLLOW RD**
CITY-ST-ZIP **ODESSA FL**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **524 RIVERSIDE DR.**
CITY-ST-ZIP **TARPON SPRINGS, FL. 34689-2431**TITLE **D** ☐ Delete
NAME **SHIRLEY, DAVID**
STREET ADDRESS **4341 BADEN DR**
CITY-ST-ZIP **HOLIDAY FL**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7300 BOX ELDER DR.**
CITY-ST-ZIP **PORT RICHEY, FL. 34668**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE OF REGISTERED AGENT
JAMES H. BOONE 1-10-02 727-237-5316

Date

Daytime Phone #

CR2E037 (9/01)