2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **732056** Mar 10, 2000 8:00 am **Secretary of State** BACK ON THE FARM BIBLE CONFERENCE. INC. 03-10-2000 90017 026 ****61.25 Principal Place of Business Mailing Address 2511 W. MINNEHAHA 2511 W. MINNEHAHA TAMPA FL 33614-4336 **TAMPA FL 33614** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GRANT, JOHN A JR 1411 NORTHWEST SHORE BLVD SUITE 110 Zip Code City TAMPA FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition Delete TITLE TITLE NAME HANKINS, CAROLYN NAME still an officer STREET ADDRESS STREET ADDRESS 12413 PALM TREE DR CITY-ST-ZIP CITY-ST-ZIP THONOTASSASSA FL SD ☐ Delete TITI F ☐ Addition TITI F NAME GARMON, MILDRED STREET ADDRESS STREET ADDRESS 2511 W MINNEHAHA CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 00000 ☐ Change TITLE Addition VD. **3**Delete TITLE NAME GARMON, LLOYD NAME STREET ADDRESS STREET ADDRESS 16137 ARMISTEAD LN City-St-7iP CITY-ST-7IP ODESSA FL ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME GARMON, L H STREET ADDRESS STREET ADDRESS 2511 W MINNEHAHA CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 00000 Addition TITLE Delete TITLE still an officer HANKINS, STANLEY R., JR. NAME NAME STREET ADDRESS STREET ADDRESS 124 PALM TREE DR CITY-ST-ZIP CITY-ST-ZIP THONOTOSASSA FL Addition TITLE Delete TITLE GARMON, JACKIE NAME NAME STREET ADDRESS STREET ADDRESS 16137 ARMISTEAD LN CITY-ST-ZIP CITY-ST-ZIP **ODESSA FL** 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: MSTALLE WILLIAMS OF SIGNING OFFICER OR DIRECTOR

Date Date Design Plane AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR