

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732056

1. Entity Name

BACK ON THE FARM BIBLE CONFERENCE, INC.

Principal Place of Business

2511 W. MINNEHAHA  
TAMPA FL 33614

Mailing Address

2511 W. MINNEHAHA  
TAMPA FL 33614

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRANT, JOHN A JR  
1411 NORTHWEST SHORE BLVD  
SUITE 110  
TAMPA FL

7. Name and Address of New Registered Agent

Name FRANK J. Greco  
Street Address (P.O. Box Number is Not Acceptable) 1715 N. Westshore Blvd Suite 750  
City TAMPA FL 33607

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.

FRANK J. GRECO

(NOTE: Registered Agent signature required when reinstating)

DATE

1/10/00

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 type="checkbox"/> Delete
NAME	HANKINS, CAROLYN	
STREET ADDRESS	12413 PALM TREE DR	
CITY-ST-ZIP	THONOTASSASSA FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GARMON, MILDRED	
STREET ADDRESS	2511 W MINNEHAHA	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARMON, LLOYD	
STREET ADDRESS	16137 ARMISTEAD LN	
CITY-ST-ZIP	ODESSA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARMON, L H	
STREET ADDRESS	2511 W MINNEHAHA	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HANKINS, STANLEY R., JR.	
STREET ADDRESS	124 PALM TREE DR	
CITY-ST-ZIP	THONOTOSASSA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARMON, JACKIE	
STREET ADDRESS	16137 ARMISTEAD LN	
CITY-ST-ZIP	ODESSA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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:

Mildred Garmon, Secretary  
MILDRED GARMON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Feb 03, 2001 8:00 am  
Secretary of State

02-03-2001 90291 020 \*\*\*\*61.25

U I U J O I



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

1/10/2001 813-9328725