

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90064 037 \*\*\*\*61.25

**DOCUMENT # 737232**

1. Entity Name

**MOSS BLUFF BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

17515 SE 95TH ST RD  
 OCKLAWAHA FL 32179  
 US

17515 SE 95 STR RD  
 OCKLAWAHA FL 32179  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2156637**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, JAMES M. JR.**  
**9 N.E. FIRST AVENUE**  
**OCALA FL 32670**

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 \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, CASPER	
STREET ADDRESS	8585 S. HWY 314-A	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEITHERER, LEE	
STREET ADDRESS	6220 SE 180TH AVENUE ROAD	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	SO	<input checked="" type="checkbox"/> Delete
NAME	PARIS, MELODY	
STREET ADDRESS	5900 S. HWY. 314-A LOT N	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILSON, JIM	
STREET ADDRESS	17583 SE 85TH PLACE	
CITY-ST-ZIP	OCKLAWAHA FL 32179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leither, Lee	
STREET ADDRESS	6220 SE 180 AV. RD	
CITY-ST-ZIP	Ocklawaha, FL 32179	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, Jay	
STREET ADDRESS	2020 SE 172 Ter.	
CITY-ST-ZIP	Silver Springs, FL 34489	
TITLE	SO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gardner, Lynda	
STREET ADDRESS	11280 SE 189 Terr.	
CITY-ST-ZIP	Ocklawaha, FL 32179	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schwender, Harry	
STREET ADDRESS	6611 SE 166 Ave.	
CITY-ST-ZIP	Ocklawaha, FL 32179	
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: *Lee Leither* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-02-352-288 4870

Date

Daytime Phone #

CR2E037 (9/01)