

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90169 019 ****61.25

DOCUMENT # 749224

1. Entity Name

ARIPEKA BAPTIST CHURCH, INC.



Principal Place of Business

**18731 ARIPEKA RD.
P.O. BOX 38
ARIPEKA FL 34679**

Mailing Address

**18731 ARIPEKA RD.
P.O. BOX 38
ARIPEKA FL 34679**

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 **59-1943445**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SLOAN, VERNA
18945 JEBERT
ARIPEKA FL 34679**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADER, MARK 13402 LAWRENCE STREET SPRINGHILL FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGEL, JACK ELIZABETH STREET ARIPEKA, FL 00000 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEIGER, LOUISE 18740 ROSEMARY RD ARIPEKA FL 34679 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WHITE, CAROL 18930 ARIPEKA RD. ARIPEKA, FL 00000 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, ROYE 18930 ARIPEKA RD. ARIPEKA, FL 00000 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James R Gallagher ☒ Change ☐ Addition 10940 Cub Court New Port Richey, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

Louise Geiger
LOUISE GEIGER

2-24-03

(727) 863-7834

CR2E037 (10/02)