

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 762410**

1. Entity Name

BACK TO CHRIST EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

**502 CALHOUN AVENUE
SEFFNER FL 33584**

Mailing Address

**502 CALHOUN AVENUE
SEFFNER FL 33584-3615**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**JACKSON, MARVIN P ESQUIRE
205 MARTIN LUTHER KING BLVD
PO BOX 7461
TAMPA FL 33673**

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.

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOORE, LEWIS ELDER	
STREET ADDRESS	502 CALHOUN AVENUE	
CITY-ST-ZIP	SEFFNER FL 33584	

TITLE	D	<input type="checkbox"/> Delete
NAME	BALKMAN, ROBERT	
STREET ADDRESS	6659 MESSER DR.	
CITY-ST-ZIP	SEFFNER FL 33584	

TITLE	D	<input type="checkbox"/> Delete
NAME	BALKMAN, JENETTE	
STREET ADDRESS	6659 MESSER DRIVE	
CITY-ST-ZIP	SEFFNER FL 33584	

TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, VICTOR	
STREET ADDRESS	502 CALHOUN AVE	
CITY-ST-ZIP	SEFFNER FL 33584	

TITLE	FSD	<input type="checkbox"/> Delete
NAME	KELLY, LEROY	
STREET ADDRESS	507 CALHOUN AVE	
CITY-ST-ZIP	SEFFNER FL 33584	

TITLE	RSD	<input type="checkbox"/> Delete
NAME	MOORE, VICTORIA E	
STREET ADDRESS	9402 19TH ST	
CITY-ST-ZIP	TAMPA FL 33612	

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
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STREET ADDRESS		
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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:

Victoria E Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORJan-30-2000 813 6895023
Date Daytime Phone #