

2001 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

4. FEI Number

65-0543628

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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
NAME MOORE, LEWIS ELDER ☐ Delete
STREET ADDRESS 502 CALHOUN AVENUE
CITY-ST-ZIP SEFFNER FL 33584

TITLE D
NAME BALKMAN, ROBERT ☐ Delete
STREET ADDRESS 6659 MESSER DR.
CITY-ST-ZIP SEFFNER FL 33584

TITLE D
NAME BALKMAN, JENETTE ☐ Delete
STREET ADDRESS 6659 MESSER DRIVE
CITY-ST-ZIP SEFFNER FL 33584

TITLE D
NAME MOORE, VICTOR ☐ Delete
STREET ADDRESS 502 CALHOUN AVE
CITY-ST-ZIP SEFFNER FL 33584

TITLE FSD
NAME KELLY, LEROY ☐ Delete
STREET ADDRESS 507 CALHOUN AVE
CITY-ST-ZIP SEFFNER FL 33584

TITLE RSD
NAME MOORE, VICTORIA E ☐ Delete
STREET ADDRESS 9402 19TH ST
CITY-ST-ZIP TAMPA FL 33612

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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 *David Moore* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-2001 6895023

Date Daytime Phone #

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90161 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)