

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001149

1. Entity Name

BORN AGAIN MISSIONARY BAPTIST OUTREACH MINISTRY,

Principal Place of Business

2920 CRUTCHFIELD RD.  
LAKELAND FL 33805

Mailing Address

P.O. BOX 93366  
LAKELAND FL 33804-3366

2. Principal Place of Business

3. Mailing Address

2920 CRUTCHFIELD RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKELAND, FL

Zip

Country

Zip

Country

33805

USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

FOX, JAMES  
2920 CRUTCHFIELD RD.  
LAKELAND FL 33805

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

*James Fox*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

JANUARY 17, 2002

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
FOX, JAMES  
2920 CRUTCHFIELD RD.  
LAKELAND FL 33805

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FOX, S. MS.  
2920 CRUTCHFIELD RD.  
LAKELAND FL 33805

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FOX, KAMIA  
2920 CRUTCHFIELD RD.  
LAKELAND FL 33805

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400005170114  
-03/26/02--01069-013  
\*\*\*\*236.25 \*\*\*\*236.25  
☐ Change ☐ Addition

TITLE  
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TITLE  
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☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
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☐ 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: *James Fox*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 17, 2002 (863)398-6297

Date

Daytime Phone #



REINSTATEMENT

01-02

CR2637 (10/00)