

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01287

1. Entity Name

WEST PASCO BAPTIST CHURCH, INC.

Principal Place of Business

5238 MILE STRETCH DRIVE
HOLIDAY FL 34690

Mailing Address

5238 MILE STRETCH DRIVE
HOLIDAY FL 34690-6000

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

59-2350018

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

McMILLEN, WILLIAM
5823 MELALEUCA DR
HOLIDAY FL 34690

Name

DOUGLAS HENION
Street Address (P.O. Box Number is Not Acceptable)
4746 BRENTON DR

City

HOLIDAY

FL

Zip Code

34690

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

01-28-00

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
D
CATLIN, LES
1911 PLEASURE DRIVE
HOLIDAY FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TR
PORTER, JIM
1837 MANODIN WAY
HOLIDAY FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAPILLE, AUGUSTUS
3737 CARIoca RD.
HOLIDAY FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOSEPH LATONA
3212 GREEN PINES TERR
NEW PORT RICHEY, FL. 34655

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DCTR
RAYMOND, CECIL
5410 SUNRAY DR
HOLIDAY FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
McMILLEN, WILLIAM
5823 MELALEUCA DRIVE
HOLIDAY FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DOUGLAS HENION
4746 BRENTON DR
HOLIDAY FL 34690

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRTS
WARFEL, JACK
5732 MOSAIC DR
HOLIDAY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JACK C. WARFEL
5732 MOSAIC DR
HOLIDAY, FL 34690

☐ 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)