

2002 UNIFORM BUSINESS REPORT (UBR)

9/8

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-08-2002 90128 017 ****61.25

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**

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

~~STECKER, BRUCE
3421 TRIGON LANE
#21 BLDG 2
HOLIDAY FL 34690~~

Rev. Fred Aust

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

5611 Silver Spurs Drive

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

SIGNATURE

Rev. Fred Aust

Rev. Ind. Aust

9/4/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
min. will be \$236.25.**

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 **D** ☐ Delete
NAME **MOREHEAD, ROY**
STREET ADDRESS **6231 9TH AVE**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **D** ☐ Change ☒ Addition
NAME **Ronald VanDYK**
STREET ADDRESS **1943 CHRIS DRIVE**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **TR** ☒ Delete
NAME **MONFORTE, KELLIE**
STREET ADDRESS **4249 CANTENBERRY DRIVE**
CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **TR** ☐ Change ☒ Addition
NAME **Phyllis VanDYK**
STREET ADDRESS **1943 Chris Drive**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE **D** ☒ Delete
NAME **CRAFT, ROBERT**
STREET ADDRESS **3018 PETERBOROUGH STREET**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **D** ☐ Change ☒ Addition
NAME **Rev. Fred Aust**
STREET ADDRESS **5611 Silver Spurs Dr.**
CITY-ST-ZIP **Holiday FL 34690**

TITLE **DCTR** ☒ Delete
NAME **IRISH, RICHARD**
STREET ADDRESS **2018 HI LO DRIVE**
CITY-ST-ZIP **HOLIDAY FL 34691**

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

TITLE **P** ☒ Delete
NAME **STECKER, BRUCE**
STREET ADDRESS **3421 TRIGON LANE #21, BLDG 2**
CITY-ST-ZIP **HOLIDAY FL 34691 +**

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

TITLE **TRTS** ☒ Delete
NAME **DENNEWITZ, COURTNEY**
STREET ADDRESS **5820 MELALEUCA DRIVE**
CITY-ST-ZIP **HOLIDAY FL 34690**

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:

Rev. Fred Aust **Rev. Ind. Aust** **9/4/02** **7229386646**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)