

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002709

1. Entity Name

COOPERATIVE BAPTIST FELLOWSHIP FOUNDATION OF FLO

Principal Place of Business

820 MCDONALD ST
LAKELAND FL 33801
US

Mailing Address

P O BOX 2556
LAKELAND FL 33806-2556
US

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

59-3223420

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

ANDERSON, PATRICK R
817 LEXINGTON STREET
LAKELAND FL 33801

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME ANDERSON, PATRICK R
STREET ADDRESS 817 LEXINGTON STREET
CITY-ST-ZIP LAKELAND FL 33801 ☐ Delete

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

TITLE D
NAME VAN HOOSE, JIM
STREET ADDRESS 121 CHRISTIE AVENUE
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

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

TITLE D
NAME MARKS, ANNETTE
STREET ADDRESS 9153 BAY COVE LANE
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

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

TITLE D
NAME POWERS, DAVID
STREET ADDRESS 4001 89TH AVE N
CITY-ST-ZIP PINELLAS PARK FL ☐ Delete

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

TITLE D
NAME DAY, HAYWOOD
STREET ADDRESS 321 RUCKEL DR
CITY-ST-ZIP NICEVILLE FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90043 050 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)