

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90069 005 ****70.00

DOCUMENT # N97000005448

1. Corporation Name

REGENCY BAPTIST CHURCH, INC.

Principal Place of Business

8020 WASHINGTON ST
PORT RICHEY FL 34668
US

Mailing Address

P O BOX 995
PORT RICHEY FL 34673
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

09/23/1997

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WEBBER, HARLAN
7230 BIMINI DR
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81

Name

82

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

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **WEBBER, HARLAN**

STREET ADDRESS **7230 BIMINI DR**

CITY-ST-ZIP **PT RICHEY FL 34668**

TITLE **D** ☐ DELETE

NAME **KIRVES, RON**

STREET ADDRESS **13537 SUMMERWOOD DR.**

CITY-ST-ZIP **BAYONET POINT FL 34667**

TITLE **D** ☐ DELETE

NAME **SURELS, HOLLY**

STREET ADDRESS **4407 BADEN DR**

CITY-ST-ZIP **HOLIDAY FL 34691**

TITLE **D** ☐ DELETE

NAME **KIRVES, BEVERLY**

STREET ADDRESS **13537 SUMMERWOOD DR.**

CITY-ST-ZIP **BAYONET POINT FL 34667**

TITLE **D** ☐ DELETE

NAME **CORBITT, RAYMOND**

STREET ADDRESS **10525 MOSQUERO DR.**

CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D** ☐ DELETE

NAME **CORBITT, BELLE**

STREET ADDRESS **10525 MOSQUERO DR.**

CITY-ST-ZIP **PORT RICHEY FL 34668**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Harlan Webb **HARLAN WEBBER** 1/25/99 (727) 849-5163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)