

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90003 044 ****61.25

DOCUMENT # N97000005448

1. Entity Name

REGENCY BAPTIST CHURCH, INC.



Principal Place of Business

8020 WASHINGTON ST
PORT RICHEY FL 34668
US

Mailing Address

8020 WASHINGTON ST
PORT RICHEY FL 34668
US

54066907



MOORE CR2E037 (4/04)

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

NO-T APPLICABLE

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

YORK, JAMES
13711 LANDERS DRIVE
HUDSON FL 34667

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

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
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME YORK, JAMES
STREET ADDRESS 13711 LANDERS DRIVE
CITY-ST-ZIP HUDSON FL 34667

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

TITLE D ☐ Delete
NAME BATES, CLARISE
STREET ADDRESS 7125 CAY DRIVE
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE D ☐ Delete
NAME CICIULLA, WILMA
STREET ADDRESS 11502 ORLEANS LANE
CITY-ST-ZIP PORT RICHEY FL 34668

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

TITLE D ☒ Delete
NAME CORBITT, RAYMOND
STREET ADDRESS 4452 GARNET DRIVE #306
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE D ☐ Change ☒ Addition
NAME EDDIE MILLER
STREET ADDRESS 4330 CLEM AVE. N.
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE D ☒ Delete
NAME CORBITT, BELLE
STREET ADDRESS 4452 GARNET DRIVE #306
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE D ☐ Change ☒ Addition
NAME THEDA OLDS
STREET ADDRESS 7706 HOMER AVE.
CITY-ST-ZIP HUDSON FL 34667

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: *James L. York* **JAMES L. YORK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-3-04 **727-845-5162**
Date Daytime Phone #