

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N97000005448**

1. Entity Name

REGENCY BAPTIST CHURCH, INC.



**FILED
Jan 13, 2003 8:00 am
Secretary of State**

01-13-2003 90458 043 ****61.25

2003



CHECK HERE IF MAKING CHANGES

Principal Place of Business 8020 WASHINGTON ST PORT RICHEY FL 34668 US	Mailing Address 8020 WASHINGTON ST PORT RICHEY FL 34668 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	
Zip	Country	Zip

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
YORK, JAMES 13711 LANDERS DRIVE HUDSON FL 34667

7. Name and Address of New Registered Agent
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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<p>TITLE D NAME YORK, JAMES STREET ADDRESS 13711 LANDERS DRIVE CITY-ST-ZIP HUDSON FL 34667</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE D NAME PARENT, CAROLYN STREET ADDRESS 10133 HOOP COURT CITY-ST-ZIP PORT RICHEY FL 34668</p> <p><input checked="" type="checkbox"/> Delete</p>	
<p>TITLE D NAME BATES, CLARISE STREET ADDRESS 7125 CAY DRIVE CITY-ST-ZIP PORT RICHEY FL 34668</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE D NAME CICIULLA, WILMA STREET ADDRESS 11502 ORLEANS LANE CITY-ST-ZIP PORT RICHEY FL 34668</p> <p><input type="checkbox"/> Delete</p>	
<p>TITLE D NAME CORBITT, RAYMOND STREET ADDRESS 4452 GARNET DRIVE #306 CITY-ST-ZIP NEW PORT RICHEY FL 34652</p> <p><input type="checkbox"/> Delete</p>		<p>TITLE D NAME CORBITT, BELLE STREET ADDRESS 4452 GARNET DRIVE #306 CITY-ST-ZIP NEW PORT RICHEY FL 34652</p> <p><input type="checkbox"/> Delete</p>	
<p>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.</p>			

CR2E037 (10/02)

SIGNATURE: *James York* **James York**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **12-9-03** **727-849-5163**