

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006149

1. Entity Name

PALM HARBOR BAPTIST CHURCH, INC.

Principal Place of Business

600 19TH STREET  
PALM HARBOR FL 34683

Mailing Address

600 19TH STREET  
PALM HARBOR FL 34683

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-1546670

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ROBERT J  
600 19TH STREET  
PALM HARBOR FL 34683

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.

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

TITLE ☐ Delete  
NAME BROWN, ROBERT J  
STREET ADDRESS 210 19TH ST.  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Delete  
NAME JONES, JULIAN H  
STREET ADDRESS 2458 FLORENTINE WAY #26  
CITY-ST-ZIP CLEARWATER FL 33763-3213

TITLE ☐ Delete  
NAME CLIFFORD, KERRY K  
STREET ADDRESS 107 RAMONA CIRCLE  
CITY-ST-ZIP PALM HARBOR FL 34683

TITLE ☐ Delete  
NAME DECKROW, JOE  
STREET ADDRESS 381 WOODBRIDGE AVENUE  
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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

Robert J. Brown

01-08-02 727-786-2505

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)