

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90178 027 ****61.25

DOCUMENT # N97000006577

1. Entity Name

**BLOOMINGDALE OAKS BAPTIST CHURCH OF VALRICO, FLA
., INC.**



Principal Place of Business

**1653 BLOOMINGDALE AVE
VALRICO FL 33594**

Mailing Address

**1653 BLOOMINGDALE AVE
VALRICO FL 33594**

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 **59-3356843**

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

**ODOM, JOHN
1653 BLOOMINGDALE AVE
VALRICO FL 33594**

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

John Odom

2/17/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **ODOM, JOHN**
STREET ADDRESS **2506 WRENEREST CIRCLE**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **Odom, John** ☒ Change ☐ Addition
NAME **12530 Riverbirch Drive**
STREET ADDRESS **Riverview, FL 33569**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **ABBOTT, COURT**
STREET ADDRESS **1401 VIOLA DRIVE**
CITY-ST-ZIP **BRANDON FL 33511**

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

TITLE **D** ☒ Delete
NAME **SPOONER, ROBERT**
STREET ADDRESS **2203 GREENHILLS DRIVE**
CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE **D** ☒ Delete
NAME **MURRAY, STEPHEN**
STREET ADDRESS **18009 MISTY BLUE LANE**
CITY-ST-ZIP **TAMPA FL 33647**

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

TITLE **D** ☐ Delete
NAME **HAER, ROXANE**
STREET ADDRESS **1902 4TH ST SW**
CITY-ST-ZIP **RUSKIN FL 33570**

TITLE **Haer, Roxane** ☒ Change ☐ Addition
NAME **1905 Canterbury Lane E-6**
STREET ADDRESS **Sun City, FL 33573**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Recenello, Joyce**
STREET ADDRESS **923 Ridge Haven Drive**
CITY-ST-ZIP **Brandon, FL 33511**

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 REQUIRED

John Odom

02-17-03

813-684-4673

CR2E037 (10/02)