

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3356843**

Applied For
Not Applicable

Zip

Country

Zip

Country

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	<input type="checkbox"/> Delete
NAME	ODOM, JOHN	
STREET ADDRESS	2506 WRENEREST CIRCLE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ABBOTT, COURT	
STREET ADDRESS	1401 VIOLA DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPOONER, ROBERT	
STREET ADDRESS	2203 GREENHILLS DRIVE	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURRAY, STEPHEN	
STREET ADDRESS	18009 MISTY BLUE LANE	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAFER, ROXANE	
STREET ADDRESS	1902 4TH ST SW	
CITY-ST-ZIP	RUSKIN FL 33570	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Odom, John	
STREET ADDRESS	12530 Riverbirch Drive	
CITY-ST-ZIP	Riverview, FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hafer, Roxane	
STREET ADDRESS	1905 Canterbury Lane E-6	
CITY-ST-ZIP	Sun City, FL 33573	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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)