

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07980

1. Entity Name

O'BRIEN BAPTIST CHURCH, INC.

Principal Place of Business

T.J. FLETCHER JR.
21890 FLETCHER RD.
O'BRIEN FL 32071
US

Mailing Address

T.J. FLETCHER JR.
21890 FLETCHER RD.
O'BRIEN FL 32071-2672
US

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

59-2356452

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

FLETCHER, T.J. JR.
21890 FLETCHER RD.
O'BRIEN FL 32071

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FLETCHER, T.J. JR.
STREET ADDRESS 21890 FLETCHER RD
CITY-ST-ZIP O'BRIEN FL 32071 ☐ Delete

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

TITLE D
NAME HOLTZCLAW, J.M.
STREET ADDRESS 21809 93RD DRIVE
CITY-ST-ZIP O'BRIEN FL 32071 ☐ Delete

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

TITLE D
NAME BOND, RAYMOND, JR.
STREET ADDRESS 15543 164TH ST
CITY-ST-ZIP MCALPIN FL 32062 ☐ Delete

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

TITLE D
NAME BUCKNER, CHARLES
STREET ADDRESS P.O. BOX 204 N/A
CITY-ST-ZIP O'BRIEN FL 32071 ☐ Delete

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

TITLE D
NAME ROBERTS, EDWARD
STREET ADDRESS POST OFFICE BOX 184 N/A
CITY-ST-ZIP O'BRIEN FL 32071 ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90005 018 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

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