

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07980

1. Entity Name

O'BRIEN BAPTIST CHURCH, INC.

FILED

Jan 28, 2002 8:00 am  
Secretary of State

01-28-2002 90061 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

~~F.J. FLETCHER JR.~~  
~~24080 FLETCHER RD.~~  
O'BRIEN FL 32071  
US

P.O. BOX 10  
O'BRIEN FL 32071  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2356452

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

HOLTZCLAW, L.M.  
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 ☐ Delete  
NAME HOLTZCLAW, J.M.  
STREET ADDRESS 21089 93RD DR.  
CITY-ST-ZIP O'BRIEN FL 32071

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

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

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

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

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

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

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

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

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:

*J.M. Holtzclaw*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-02 386-776-2652

CR2E037 (9/01)