

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 711793

1. Entity Name

THE AZALEA BAPTIST CHURCH INC.

Principal Place of Business

Mailing Address

7900 22 AVENUE NORTH  
ST PETERSBURG FL 33710-3733

7900 22 AVENUE NORTH  
ST PETERSBURG FL 33710-3733

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

59-0910341

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

DAUGHERTY, WINNIE  
6731 30TH AVE. NO.  
ST. PETERSBURG FL 33710

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 DC ☐ Delete  
NAME WHITE, VERNON  
STREET ADDRESS 6245-3RD AVE. N  
CITY-ST-ZIP ST PETERSBURG FL 33710

TITLE DS ☐ Delete  
NAME DAUGHERTY, WINNIE  
STREET ADDRESS 6731 30TH AVE. N  
CITY-ST-ZIP ST. PETERSBURG FL 33710

TITLE DT ☐ Delete  
NAME ZUFALL, JIM  
STREET ADDRESS 6501 33 AVE N  
CITY-ST-ZIP SAINT PETERSBURG FL 33710

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Vernon White*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/01

(727) 347-1279

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0061972

CR2E037 (10/00)