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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714572 (5)
1. Corporation Name
UNITED AMERICAN FREE WILL BAPTIST CONFERENCE INC



Principal Place of Business: 110 W 7TH ST, LAKELAND FL 33805-4813
Mailing Address: PO BOX 3827, LAKELAND FL 33802-3827, US

3. Date Incorporated or Qualified: 05/09/1968
3a. Date of Last Report: 02/12/1996
4. FEI Number: 71-4572632
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country
25 Zip Country
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country
30 Zip Country

9. Name and Address of Current Registered Agent
RODMON, H.J.
207 W. BELLAVISTA STREET
LAKELAND FL 33801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD DELETE
NAME RODMON, H.J.
STREET ADDRESS 207 W BELLAVISTA STREET
CITY-ST-ZIP LAKELAND FL
TITLE VD DELETE
NAME BURNS, L.H. (REV.)
STREET ADDRESS 1029 CALIFORNIA BLVD
CITY-ST-ZIP SUMPTER SC
TITLE VD DELETE
NAME ~~HILLMAN, S.~~
STREET ADDRESS ~~2011 IDLEWEISE DRIVE~~
CITY-ST-ZIP ~~DETONA FL~~
TITLE ST DELETE
NAME MCFARLIN, REGINA
STREET ADDRESS 2105 NE EDWIN STREET
CITY-ST-ZIP WINTER HAVEN FL
TITLE TD DELETE
NAME SMITH, J.W.
STREET ADDRESS 1941 LAVON STREET
CITY-ST-ZIP LAKELAND FL
TITLE SD DELETE
NAME ~~LAMB, LEVI~~
STREET ADDRESS ~~2401 26TH AVENUE SOUTH~~
CITY-ST-ZIP ~~ST PETERSBURG FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME RANDALL, ABE
3.3 STREET ADDRESS 611 NW 183RD STREET
3.4 CITY-ST-ZIP MIAMI, FL. 33169
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME Capeland, J.L.
6.3 STREET ADDRESS 100 19TH AVE. SW.
6.4 CITY-ST-ZIP ST. PETERSBURG, FL. 33705

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *H.J. Rodmon* Date: 1-31-97 (94) 687-2404
Signature and typed or printed name of signing officer or director. Daytime Phone # 0052572

CR2E037 (9/96)