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**FILED**  
**Feb 15, 1999 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-15-1999 90016 033 \*\*\*\*\*70.00

DOCUMENT # 714572

1. Corporation Name  
**UNITED AMERICAN FREE WILL BAPTIST CONFERENCE INC**

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/09/1968
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	71-4572632
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing
24	25	Trust Fund Contribution <input type="checkbox"/>
	29	\$5.00 May Be Added to Fees
	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RODMON, H.J. 207 W. BELLAVISTA STREET LAKELAND FL 33801	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <span style="float: right;">FL</span> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODMON, H.J.	1.2 NAME	
STREET ADDRESS	207 W BELLAVISTA STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, L.H. (REV.)	2.2 NAME	
STREET ADDRESS	1029 CALIFORNIA BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUMPTER SC	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, ABE	3.2 NAME	
STREET ADDRESS	611 N.W. 183RD STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCFARLIN, REGINA	4.2 NAME	
STREET ADDRESS	2105 NE EDWIN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, J.W.	5.2 NAME	
STREET ADDRESS	1941 LAVON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPELAND, J.L.	6.2 NAME	
STREET ADDRESS	100 19TH AVE. SO.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

14. 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 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 with all other like empowered.

SIGNATURE: *Henny T. G. E. Rodmon* 01-27-99 (941) 687-2404  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (11/98)