

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90006 010 ****70.00

DOCUMENT # 714572



1. Entity Name
UNITED AMERICAN FREE WILL BAPTIST CONFERENCE INC

Principal Place of Business Mailing Address
110 W 7TH ST PO BOX 3827
LAKELAND FL 33805-4813 LAKELAND FL 33802
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 **71-4572632** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RODMON, H.J.
207 W. BELLA VISTA STREET
LAKELAND FL 33805

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODMAN, HENRY J	
STREET ADDRESS	207 W BELLA VISTA STREET	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RANDALL, ABE	
STREET ADDRESS	611 N.W. 183 TERRACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BURNS, L.H.	
STREET ADDRESS	1029 CALIFORNIA BLVD.	
CITY-ST-ZIP	SUMTER SC 29153	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RODMON, REGINA S	
STREET ADDRESS	2105 NE EDWIN STREET N.E.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BROWN, KENNETH R	
STREET ADDRESS	1226 WRIGHT DRIVE	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BUTLER, JOENATHAN	
STREET ADDRESS	2321 N.W. 54TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL 32653	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Henry J. Rodman* **01-03-03 (863) 687-2404**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)