

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90050 002 \*\*\*\*70.00

**DOCUMENT # 716630**

1. Entity Name  
**WELCOME BAPTIST CHURCH, INC.**

Principal Place of Business

3480 N.E. 3RD AVENUE  
 OAKLAND PARK FL ~~33067~~  
 33334-2157

Mailing Address

3480 N.E. 3RD AVENUE  
 OAKLAND PARK FL 33334-2157

2. Principal Place of Business

3480 NE 3rd Ave  
 Suite, Apt. #, etc.

3. Mailing Address

3480 NE 3rd Ave  
 Suite, Apt. #, etc.

City & State

Oakland Park, Fla

City & State

Oakland Park, FL

Zip

33334

Country

USA

Zip

33334

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRICE, PRISCILLA B.  
 5838 NW 21ST ST  
 LAUDERHILL FL 33313

7. Name and Address of New Registered Agent

Name: Angenell P. Brooks

Street Address (P.O. Box Number is Not Acceptable)  
 490 SW 29th Avenue

City Fort Lauderdale FL

Zip Code 33312

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

*Angenell P. Brooks, Secretary* 3/23/00

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	PD	<input type="checkbox"/> Delete
NAME	ALLEN, JAMES E.	
STREET ADDRESS	1320 N.W. 84TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COVIN, EARNEST	
STREET ADDRESS	693 N.W. 20TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	PRICE, PRISCILLA B.	
STREET ADDRESS	2164 NW 20 ST	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	COVIN, WILLIE D.	
STREET ADDRESS	2680 N.W. 21ST STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	FS	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, DEBORAH	
STREET ADDRESS	501 PENNSYLVANIA AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Addition
NAME	BROOKS, Angenell P.	
STREET ADDRESS	490 SW 29 Ave	
CITY-ST-ZIP	Ft Lauderdale, FL 33312-2066	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tammy Chestnut	
STREET ADDRESS	95 NE 41st Street Apt 0-203	
CITY-ST-ZIP	Oakland PK, FL 33334	
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:

*Angenell P. Brooks* - Angenell P. Brooks 3/23/00 954-587-1619

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)