

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

FILED

03 AUG 22 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 716630

1. Entity Name

WELCOME BAPTIST CHURCH, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address



CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BROOKS, ANGENELL P
490 SW 29TH AVENUE
FORT LAUDERDALE FL 33312

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

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	ALLEN, JAMES E.	1320 N.W. 84TH TERRACE	MIAMI FL	<input type="checkbox"/>
VD	COVIN, EARNEST	693 N.W. 20TH COURT	POMPANO BEACH FL	<input checked="" type="checkbox"/>
SD	BROOKS, ANGENELL P	490 SW 29 AVE	FORT LAUDERDALE FL 33312-2088	<input type="checkbox"/>
O	COVIN, WILLIE D.	2680 N.W. 21ST STREET	FT. LAUDERDALE FL	<input type="checkbox"/>
FS	GLENN, IOLA D	3871 NW 5TH CT	FORT LAUDERDALE FL 33311	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Signature of Signer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/03
Date

Daytime Phone #

CR2E037 (4/03)

7/20/03