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

DOCUMENT # 720432

1. Entity Name

WEBSTER MEMORIAL BAPTIST CHURCH, INC.

FILED Sep 08, 2003 8:00 am Secretary of State

09-08-2003 90132 016 ****61.25

1135 NORTH CHESTNUT RD ~ 1135		Mailing Address 1135 NORTH CHESTNUT R LAKELAND FL 33805	135 NORTH CHESTNUT RD AKELAND FL 33805						
4	and the second s	***)	
2. Principal P	Place of Business	3. Mailing Address			<u> </u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI.Number 59-0700569			Applied For Not Applicable	
Zip Country		Zip	Zip Country					75 Additional Required	
	6. Name and Address of Current F	l Registered Agent			7. Name and Add	ress of New Registered A		-	
and the second s				Name					
FOSTER, 2705 W 1			Street	Address (F	(P.O. Box Number is Not Acceptable)				
	D FL 33805			·					
			City			FL	Zip Cod	le	
the obligat	named entity submits this statement for ions of registered agent.		registered office	or register	ed agent, or both, in	the State of Florida. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	E: Registered Agent sign	nature required	when reinstating)	DATE			
	FILE NOW: FEE IS \$61.25 tember 10, 2003, min will be \$23	I	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 DIR	ECTORS	11.	Ä	ADDITIONS/CHANG	ES TO OFFICERS AND DIR	ECTORS IN	l 10	
TITLE	PD	☐ Delete	TITLE				Change	☐ Addition 3	
NAME STREET ADDRESS	POWERS, DAVID 7031 FOX CHASE DR		NAME STREET ADDRESS	3				j	
CITY-ST-ZIP	LAKELAND FL 33810		CITY-ST-ZIP						
TITLE	TD	☐ Delete	TITLE				☐ Change	☐ Addition 6	
NAME STREET ADDRESS	FOSTER, GERALD 2705 W 10TH STREET		NAME Street Address	; ;				}	
CITY-ST-ZIP	LAKELAND FL		CITY-ST-ZIP						
TITLE	SD	☐ Delete	TITLE		- -		Change	☐ Addition	
NAME STREET ADDRESS	RICHEY, REBECCA 4003 W THONOTOGASSA RD		NAME STREET ADDRESS	,					
CITY-ST-ZIP	PLANT CITY FL 33565		CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	/	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6			Change	Addition	

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:

9/5/03 863-686-1828