2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State
05-23-2001 91174 045 ****61.25

DOCUMENT #

1. Entity Name

THE WEST COAST BAPTIST ASSOCIATION, INC
756052

Principal Place of Business	Mailing Address
1010 WEST OLIVE ST P. O. BOX 8053 (LAKELAND, FL 33802-5053	P. O. BOX 8053 LAKELAND, FL 33802

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~1010 WEST OLIVE ST~~ Suite, Apt. #, etc.	P. O. BOX 8053 Suite, Apt. #, etc.
City & State: LAKELAND, FL	City & State: LAKELAND, FL
Zip: 33802 Country: USA	Zip: 33802-5053 Country: USA

4. FEI Number: 59-2889170 ☐ Applied For ☐ Not Applicable

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
REV. LARRY G. MILLS 5200 WEST SOUTH STREET ORLANDO, FL 32811	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.

SIGNATURE: Rev. Larry G. Mills
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MILLS, LARRY G REV. 5200 WEST SOUTH ST ~~ORLANDO, FL~~	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BRYANT, EMMA VERONICA 5200 HORTON RD PLANT CTY,FL	☐ Delete	PLANT CITY, FL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DAILEY, JOHNNIE REV. 1680 18TH STREET ~~SARASOTA, FL 33580~~	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILLER, MAXIE REV. 604 W. BALL ST. PLANT CITY,FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TURNER, BRAGG L. REV. 1800 18th AVE SOUTH ST. PETERSBURG, FL	☐ Delete		☐ Change ☐ Addition

CR2E037 (11/00)

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: EMMA VERONICA BRYANT Emma Veronica Bryant 5/16/01 (813) 604-8075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #