

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90199 011 ****61.25

DOCUMENT # 756052

1. Entity Name
THE WEST COAST BAPTIST ASSOCIATION, INC.



Principal Place of Business

**1010 W. OLIVE ST.
LAKELAND FL 33802-5053**

Mailing Address

**P. O. BOX 8053 (MAIL ADDRESS)
LAKELAND FL 33802-5053**

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 59-2889170

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

**MILLS, LARRY G REV
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. 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

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

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BRYANT, EMMA VERONICA 5200 HORTON ROAD PLANT CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAILEY, JOHNNIE REV 1680 18TH STREET SARASOTA FL 33580	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TURNER, REV. BRAGG L. 1800 18TH AVENUE SOUTH ST. PETERSBURG FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, MAXIE REV 604 W.BALLST. PLANT CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Emma Veronica Bryant EMMA VERONICA BRYANT 4/8/03 604-8075

CR2E037 (10/02)