2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714572

Entity Name: UNITED AMERICAN FREE WILL BAPTIST CONFERENCE INC.

FILED Jan 25, 2024 **Secretary of State** 7859162614CC

Current Principal Place of Business:

8715 HERLONG ROAD N. JACKSONVILLE, FL 32210-2332

Current Mailing Address:

PO BOX 3827

LAKELAND, FL 33802 US

FEI Number: 71-4572632 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BROWN, KENNETH R 1226 WRIGHT DRIVE LAKELAND, FL 33805 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRES** Title **VPRE**

BROWN, KENNETH R BROWN, ELLIOTT T JR. Name Name PO BOX 3827 636 WHEELING AVENUE Address Address

City-State-Zip: LAKELAND FL 33802 City-State-Zip: ALTAMONTE SPRING FL 32714

CFO Title Title **EXECUTIVE SECRETARY**

Name SANDERS, PATRICK Name RODMON, REGINA S

Address PO BOX 3827 Address 2105 NE EDWIN STREET N.E.

City-State-Zip: LAKELAND FL 33802 WINTER HAVEN FL City-State-Zip:

Title **OFFICER** Title **CHAIRMAN**

Name SANDERS, FELICIA A BAKER, GWENDOLYN B Name Address 1308 SCOTT CIR 694 NE GIBBS TER Address City-State-Zip: LAKELAND FL 33805

City-State-Zip: LAKE CITY FL 32055

Title CEO Title **OFFICER**

LONG, MOSE JR. Name LOVEL, PATRICIA A Name 3624 WHITEHALL ST Address P O BOX 316 Address City-State-Zip: PALATKA FL 32177

CRESCENT CITY FL 32112 City-State-Zip:

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

01/25/2024 SIGNATURE: BROWN, KENNETH R **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title OFFICER

Name DAVIS, DONALD Address 585 HICKS DR

City-State-Zip: HEMINGWAY SC 29554