

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000004979

Entity Name: UNION BAPTIST OF O'BRIEN FLORIDA INC.

Current Principal Place of Business:

23474 73RD
O'BRIEN, FL 32071

Current Mailing Address:

7181 152ND ST
WELLBORN, FL 32094

FEI Number: 20-3848005

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ALLEN, ALVIN H
7181 152ND ST.
WELLBORN, FL 32094 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 TREASURER
Name ALLEN, ALVIN H
Address 7181 152ND ST.
City-State-Zip: WELLBORN FL 32094

Title DEACON
Name HUMPHRIES, MARTY
Address 7932 240TH STREET
City-State-Zip: O'BRIEN FL 32071

Title DEACON
Name HUMPHRIES, MARVIN
Address 25892 77TH RD.
City-State-Zip: O'BRIEN FL 32071

Title DEACON
Name ALLEN, DAVID
Address 6715 240TH STREET
City-State-Zip: O'BRIEN FL 32071

Title DEACON
Name GREEN, RONALD
Address 19478 CR 49
City-State-Zip: O'BRIEN FL 32071

Title DEACON
Name GAYLARD, ARCHIE WILLIAM JR.
Address 7183 240TH STREET
City-State-Zip: O'BRIEN FL 32071

Title DEACON
Name BASS, JOSH
Address 25276 CR 49
City-State-Zip: O'BRIEN FL 32071

Title DEACON
Name BUSH, SCOTT
Address 146 HILLCREST CIRCLE NE
City-State-Zip: BRANFORD FL 32008

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.

SIGNATURE: ALVIN ALLEN

CHAIRMAN OF DEACONS 03/19/2021

Electronic Signature of Signing Officer/Director Detail

Date