

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000004979

**FILED**  
**Mar 22, 2015**  
**Secretary of State**  
**CC8041177241**

**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

*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**

**TREASURER**

**03/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date