

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90413 038 ****61.25

DOCUMENT # 702087

1. Entity Name

**WEKIWA SPRINGS BAPTIST CHURCH HOLDING
COMPANY, INC.**



Principal Place of Business

Mailing Address

**584 N. WEKIWA SPRINGS RD
APOPKA FL 32712
US**

**326 ROLFE DRIVE
APOPKA FL 32703**

2. Principal Place of Business

3. Mailing Address

584 N. Wekiwa Springs Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Apopka FL

Zip

Country

Zip

Country

32712

US

4. FEI Number

59-2976797

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

**MARTIN, DAVID S.
326 ROLFE DRIVE
APOPKA FL 32703**

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
Due By May 1, 2004**

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 PD
NAME MARTIN, DAVID S
STREET ADDRESS 326 ROLFE DRIVE
CITY-ST-ZIP APOPKA, FL 00000 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME LISCOW, HOWARD F.
STREET ADDRESS 1113 KENWORTH DR
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME FOWLER, CHARLES
STREET ADDRESS 2461 WEKIWA RIDGE RD
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME WALKER, PRESTON C.
STREET ADDRESS 300 TRINITY AVE
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME DURRANCE, DAVID C.
STREET ADDRESS 1650 E. WELCH ROAD
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME FRITTS, LAWRENCE
STREET ADDRESS 1750 SINGING PALM DR
CITY-ST-ZIP APOPKA FL 32712 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

D. S. Martin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 30, 2004

Date

407-886-7864

Daytime Phone #