

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 05, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90015 035 \*\*\*\*61.25

**DOCUMENT # 703642**

1. Entity Name

**MILTANA BAPTIST CHURCH INC**

Principal Place of Business

Mailing Address

**4735 LANTANA ROAD  
LAKE WORTH FL 33463****4735 LANTANA ROAD  
LAKE WORTH FL 33463**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2298730**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COOK, CANDACE C  
5061 CANAL DRIVE  
LAKE WORTH FL 33463**Name **Pauline Burnett**

Street Address (P.O. Box Number is Not Acceptable)

**5797 Ranches Rd.**City **Lake Worth****FL**Zip Code  
**33463**

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.

SIGNATURE

*Pauline Burnett*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-9-01****FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DUPREY, DEBORAH	
STREET ADDRESS	1032 WEST JENNINGS ST	
CITY-ST-ZIP	LANTANA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURNETT, MRS PAULINE	
STREET ADDRESS	5797 RANCHES ROAD	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COOK, JOHN	
STREET ADDRESS	5061 CANAL DR	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	MC GEE, EUGENE	
STREET ADDRESS	5162 QUACHITA DRIVE	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, CARL	
STREET ADDRESS	3705 CYPRESS EDGE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition
NAME	Wylie Basley	
STREET ADDRESS	3865 Mackinac Rd.	
CITY-ST-ZIP	Lantana, FL-33462-2219	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mary Monroe	
STREET ADDRESS	5376 3rd Road	
CITY-ST-ZIP	Lake Worth, FL-33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Signature Required***4-9-01****561-965-3667**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-4-00

CR2E037 (10/00)