

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706183

1. Entity Name
Pathway Free Will Baptist Church, Inc.

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90219 027 ****61.25

Principal Place of Business Mailing Address
3600 U.S. Hwy 92
Winter Haven, FL

2. Principal Place of Business 3. Mailing Address
3600 U.S. Hwy 92 *3600 U.S. Hwy 92*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Winter Haven, FL *Winter Haven, FL*
 Zip Country Zip Country
33881-9177 *Polk* *33881-9177* *Polk*

4. FEI Number Applied For
59-6132687 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

THOMAS A. COLLINS
2248 PALMVIEW CIRCLE WEST
AUBURNDALE, FL 33823-9218

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.

SIGNATURE _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
 NAME *PD*
 STREET ADDRESS *Brooks, Randolph W.*
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS *141 Van Fleet Court*
 CITY-ST-ZIP *Auburndale, FL 33823*

TITLE ☐ Delete
 NAME *VP*
 STREET ADDRESS *Thomas A. Collins*
 CITY-ST-ZIP *2248 Palmview Circle West*
Auburndale, FL 33823-9218

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

TITLE ☐ Delete
 NAME *SD*
 STREET ADDRESS *Jordan, Larry*
 CITY-ST-ZIP *1202 Arrana Blvd.*
Auburndale, FL 33823

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

TITLE ☐ Delete
 NAME *D*
 STREET ADDRESS *Varnadore, Curt*
 CITY-ST-ZIP *16 Tera Lane*
Winter Haven, FL 33830

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Thomas A. Collins* 6-2-00 863-962-8135
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)