

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -1 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710194

1. Entity Name

Florida Caribbean Baptist Conference, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1326 Wyngate Drive

Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 91865

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lakeland, Florida

City & State
Lakeland, Florida

4. FEI Number 59-1459720

Applied For
Not Applicable

Zip
33809

Country

Zip
33804

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Steve Smith

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

1326 Wyngate Drive

City Lakeland

FL

Zip Code
33809

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME Steve Smith, President/Director
STREET ADDRESS 1326 Wyngate Drive
CITY- ST- ZIP Lakeland, FL 33809 D

TITLE
NAME Don Windmiller
STREET ADDRESS 2211 41st Street West T
CITY- ST- ZIP Bradenton, FL 34205

TITLE
NAME Amos Eugene
STREET ADDRESS 7500 Alhambra Blvd. T
CITY- ST- ZIP Miramar, FL 33023

TITLE
NAME Harvey Hawkins
STREET ADDRESS 6904 Summerbridge Drive T
CITY- ST- ZIP Tampa, FL 33634

TITLE
NAME Steve Weldon
STREET ADDRESS 8119 Champion Circle T
CITY- ST- ZIP Champions Gate, FL 33896

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CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)

2515