

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90095 013 \*\*\*\*61.25

**DOCUMENT # 710901**

1. Entity Name

**WEST BONIFAY BAPTIST CHURCH, INC. BONIFAY, FLORI**

Principal Place of Business

Mailing Address

609 W INDIANA AVE  
 BONIFAY FL 32425  
 US

609 W INDIANA AVE  
 BONIFAY FL 32425  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2347973**

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

**BOSWELL, LESTER**  
**ROUTE 4, BOX 611**  
**BONIFAY FL 32425**

Name **A E Middlebrooks**

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

**1410 N Waukesha St**

City **Bonifay**

**FL**

Zip Code **32425**

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

*A. E. Middlebrooks*

**3/10/01**

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**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOSWELL, LESTER</b> <b>ROUTE 4 BOX 611</b> <b>BONIFAY</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MIDDLEBROOKS, A E</b> <b>1410 N WAUKESHA ST</b> <b>BONIFAY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JAMES OUTLER</b> <b>RT 1 LOT 18-P</b> <b>BONIFAY FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Milton E Wilson</b> <b>535 Sieg Lane</b> <b>Bonifay FL 32425</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Ander Brown</b> <b>3126 Ander Brown Lane</b> <b>Bonifay FL 32425</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*A. E. Middlebrooks* **REQUIRED Middlebrooks 3/10/01**

**850-547-3478**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)