


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90308 012 ****61.25

DOCUMENT # 710901

1. Entity Name
**WEST BONIFAY BAPTIST CHURCH, INC. BONIFAY, FLORI
DA**



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



CHECK HERE IF MAKING CHANGES

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

**MIDDLEBROOKS, A.E.
1410 N. WANKESHA STREET
BONIFAY FL 32425**

7. Name and Address of New Registered Agent

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 _____ 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	D BOSWELL, LESTER	<input type="checkbox"/> Delete
STREET ADDRESS	2246 GATOR LANE	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE NAME	D MIDDLEBROOKS, A E	<input type="checkbox"/> Delete
STREET ADDRESS	1410 N WAUKESHA ST	
CITY-ST-ZIP	BONIFAY FL	
TITLE NAME	D BROWN, ANDER	<input type="checkbox"/> Delete
STREET ADDRESS	3126 ANDER BROWN LANE	
CITY-ST-ZIP	BONIFAY FL 32425	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *A.E. Middlebrooks* **REQUIA E. Middlebrooks 1-10-03 850-547-3478**

CR2E037 (10/02)