

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 711334**

1. Entity Name

**WINSTON BAPTIST CHURCH, INC.****FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90140 025 \*\*\*\*61.25

**907176**

DO NOT WRITE IN THIS SPACE

**Principal Place of Business**  
3233 OLD TAMPA HIGHWAY  
LAKELAND FL 33803**Mailing Address**  
3233 OLD TAMPA HIGHWAY  
LAKELAND FL 33803**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number****59-2580441**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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****SHELL, LLOYD A**  
**8125 SIMPSON LANE**  
**#5**  
**LAKELAND FL 33807**

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

*Lloyd A. Shell*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-13-01****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 type="checkbox"/> Delete
NAME	WILLIS, HALL	
STREET ADDRESS	1319 JAMES ST.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, JIMMY	
STREET ADDRESS	1905 TRIPAUL CT	
CITY-ST-ZIP	BARTOW FL 33803	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHELL, PATSY	
STREET ADDRESS	8125 SIMPSON, LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCRIVEN, MIKE	
STREET ADDRESS	4104 WILLOW DR	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)