

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 716798

1. Entity Name

SAINT JOHN BAPTIST CHURCH, INC.

Principal Place of Business

2025 W. CENTRAL BLVD.
ORLANDO FL 32805

Mailing Address

2025 W. CENTRAL BLVD.
ORLANDO FL 32805-2128

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

59-1694436

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

WILSON, DEAN
4323 PRINCE HALL BLVD
ORLANDO FL 32811

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$81.25

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 PC ☐ Delete
NAME WILSON, DEAN
STREET ADDRESS 4323 PRINCE HALL BLVD
CITY-ST-ZIP ORLANDO FL 32811

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

TITLE VDDC ☐ Delete
NAME EVANS, ROBERT E
STREET ADDRESS 8631 KNOTTINGHAM DR
CITY-ST-ZIP KISSIMMEE FL 34747

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

TITLE TD ☐ Delete
NAME ALBRETEN, DRITICIA
STREET ADDRESS 4700 LAWNE BOULEVARD
CITY-ST-ZIP ORLANDO FL

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

TITLE SD ☐ Delete
NAME HAZLEY, WILLIE
STREET ADDRESS 606 CORAL GLEN LOOP
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE SD ☒ Change ☐ Addition
NAME Hazley, Willie
STREET ADDRESS 4302 Fox willow Cir.
CITY-ST-ZIP Casselberry, FL 32707

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-2000

Date

422-5725

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

10/1/00