

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90026 036 *****61.25

DOCUMENT # 716798

1. Entity Name

SAINT JOHN BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**2025 W. CENTRAL BLVD.
 ORLANDO FL 32805**

**2025 W. CENTRAL BLVD.
 ORLANDO FL 32805**

00031415



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1694436

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

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

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

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

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

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

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

TITLE NAME ☐ Delete
SD HAZLEY, WILLIE
 STREET ADDRESS **4302 FOX WILLOW CIR**
 CITY - ST - ZIP **CASSELBERRY FL 32707**

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY - ST - ZIP

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY - ST - ZIP

TITLE NAME ☐ Change ☐ 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: *Dean Wilson* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

Daytime Phone #

CR2E037 (10/00)