

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

FILED
Jul 21, 2003 8:00 am
Secretary of State

06-27-2003 90052 023 ****70.00

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DOCUMENT # 722926

1. Entity Name

ST. JAMES FREE WILL BAPTIST CHURCH, INC.



Principal Place of Business

**2300 LUCERNE PARK ROAD. NE
P.O. BOX 3346. F V S
WINTER HAVEN FL 33881**

Mailing Address

**2300 LUCERNE PARK ROAD. NE
P.O. BOX 3346. F V S
WINTER HAVEN FL 33881**

44005507



☐ CHECK HERE IF MAKING CHANGES

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 **59-6159466**

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

**Edard Terrell
ENGLISH, CHESTER A.
2300 LUCERNE PK. RD. NE
WINTER HAVEN FL 33881**

Name **Edard Terrell**

Street Address (P.O. Box Number is Not Acceptable)
2300 Lucerne PK. Road N.E.

City **Winter Haven**

FL Zip Code **33881**

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

Edard Terrell

7/16/03

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
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairman, of Trustee	<input type="checkbox"/> Delete
NAME	TERRELL, EDARD	
STREET ADDRESS	2300 LUCERNE PK. RD. NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HILL, JOE	
STREET ADDRESS	2300 LUCERNE PK. RD. NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	GB Chairman Deacon Board	<input type="checkbox"/> Delete
NAME	THOMAS, WILLIAM	
STREET ADDRESS	2300 LUCERNE PK. RD. NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JANES, WERARDER	
STREET ADDRESS	2300 LUCERNE PK. RD. NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	SHULAR, DARTHA	
STREET ADDRESS	2300 LUCERNE PK. RD. NE	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chairman Finance	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Timothy Brown	
STREET ADDRESS	2300 Lucerne PK Rd NE	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice chairman Deacon Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James, Wenardere	
STREET ADDRESS	2300 Lucerne PK RD. NE	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cope, Michael	
STREET ADDRESS	2300 Lucerne PK RD NE	
CITY-ST-ZIP	Winter Haven, FL 33881	

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:

DO NOT SIGNATURES REQUIRED

7/16/03

863-837-1145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)