

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732689

1. Entity Name

WINTER HAVEN BAPTIST MANOR, INC.

Principal Place of Business

140 AVE A SW
WINTER HAVEN FL 33880

Mailing Address

140 AVE A SW
WINTER HAVEN FL 33880-6303

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

59-1609564

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

DYAL, LUCIUS M JR.
501 E. KENNEDY BLVD., STE. 1400
TAMPA FL 33602

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 | FP | <input type="checkbox"/> Delete |
| NAME | FRY, MATTHEW | |
| STREET ADDRESS | 49 LAKE LINK CIR SE | |
| CITY-ST-ZIP | WINTER HAVEN FL 33884 | |
| TITLE | FD | <input type="checkbox"/> Delete |
| NAME | BURNHAM, PERRY | |
| STREET ADDRESS | 1109 11TH COURT NE | |
| CITY-ST-ZIP | WINTER HAVEN FL 33881 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | CHAPMAN, SHIRLEY | |
| STREET ADDRESS | 130 PATTERSON DRIVE | |
| CITY-ST-ZIP | AUBURDALE FL 33823 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | STEWART, WAYNE | |
| STREET ADDRESS | 1214 CYPRESS POINT E | |
| CITY-ST-ZIP | WINTER HAVEN FL 33884 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | NIGHTINGALE, TERESA | |
| STREET ADDRESS | 545 AVENUE K ST | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HERRERA, MARVIN | |
| STREET ADDRESS | 2019 OLIVER PLACE | |
| CITY-ST-ZIP | WINTER HAVEN FL 33881 | |

| | | |
|----------------|------------------------|--|
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Morton, Rick | |
| STREET ADDRESS | 127 Park Lane | |
| CITY-ST-ZIP | Winter Haven, FL 33884 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mixon, Pam | |
| STREET ADDRESS | 132 Lake Ring Drive | |
| CITY-ST-ZIP | Winter Haven, FL 33884 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bellingham, Shirley | |
| STREET ADDRESS | 130 Patterson Drive | |
| CITY-ST-ZIP | Auburndale, FL 33823 | |
| TITLE | DT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Cannon, Jack | |
| STREET ADDRESS | 1014 Edgewater Drive | |
| CITY-ST-ZIP | Winter Haven, FL 33884 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90915 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR 0037 (9/99)