

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745693

1. Entity Name

WELAKA BAPTIST CHURCH, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90259 045 ****61.25

Principal Place of Business

Mailing Address

670 3RD AVENUE
 WELAKA FL 32193

PO BOX 100
 WELAKA FL 32193-0100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0020900

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONKEY, WILLIAM E
 670 3RD AVE
 P O BOX 100
 WELAKA FL 32193

Name *Pipkins, Wilbur J.*

Street Address (P.O. Box Number is Not Acceptable)

670 3RD AVE

WELAKA, FL.

City

FL

Zip Code
32193

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

Wilbur J. Pipkins

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

(NOTE: Registered Agent signature required when reinstating)

1-10-2000

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 Delete
 NAME P/D
 CONKEY, WILLIAM E
 STREET ADDRESS 670 3RD AVE
 CITY-ST-ZIP WELAKA FL

TITLE Change Addition
 NAME P/D
 Pipkins, Wilbur J.
 STREET ADDRESS 670 3RD AVE.
 CITY-ST-ZIP WELAKA FL

TITLE Delete
 NAME T
 DEAN, JAMES
 STREET ADDRESS RT. 2 BOX 837 A
 CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE Change Addition
 NAME T
 BASFORD, Shirley
 STREET ADDRESS P.O. BOX 42
 CITY-ST-ZIP WELAKA, FL.

TITLE Delete
 NAME SD
 CRAWFORD, MONA
 STREET ADDRESS PO BOX 282
 CITY-ST-ZIP WELAKA FL 32193

TITLE Change Addition
 NAME SD
 C.

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

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:

Wilbur J. Pipkins *Wilbur J. Pipkins* *1-10-00* *904-467-3761*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)