

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90026 020 ****61.25

DOCUMENT # 745693

1. Entity Name

WELAKA BAPTIST CHURCH, INC.



Principal Place of Business

670 3RD AVENUE
WELAKA FL 32193

Mailing Address

PO BOX 100
WELAKA FL 32193

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
05-0020900

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, DENNIS
670 3RD AVE
WELAKA FL 32193

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

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

TITLE P/D ☐ Delete
NAME SIMPSON, DENNIS L
STREET ADDRESS 670 3RD AVE
CITY-ST-ZIP WELAKA FL 32193

TITLE T ☐ Delete
NAME BASFORD, SHIRLEY
STREET ADDRESS PO BOX 42
CITY-ST-ZIP WELAKA FL

TITLE C ☒ Delete
NAME WEBB, MARY
STREET ADDRESS 670 3RD AVENUE
CITY-ST-ZIP WELAKA FL 32193

TITLE T ☐ Delete
NAME FORSYTHE, QUEENIE
STREET ADDRESS 166 BOSTWICK CEMETARY RD
CITY-ST-ZIP BOSTWICK FL 32007

TITLE TD ☐ Delete
NAME BASFORD, BOBBY
STREET ADDRESS 500 WALNUT ST
CITY-ST-ZIP WELAKA FL 32193

TITLE TD ☐ Delete
NAME PHILLIPS, JAMES
STREET ADDRESS 139 BAYOU DR
CITY-ST-ZIP SAN MATEO FL 32187

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE S ☒ Change ☐ Addition
NAME Johnson, Ellen P
STREET ADDRESS 201 Bayberry Ct. / P.O. Box 387
CITY-ST-ZIP Georgetown, FL 32139

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

TITLE ☐ Change ☐ Addition
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:

Ellen P. Johnson Ellen P. Johnson

2-9-04 386-467-3761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #