

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2005 8:00 am**  
**Secretary of State**

03-16-2005 90043 032 \*\*\*\*61.25

<b>DOCUMENT # 745693</b> 1. Entity Name <b>WELAKA BAPTIST CHURCH, INC.</b>					
Principal Place of Business <b>670 3RD AVENUE WELAKA, FL 32193</b>			Mailing Address <b>PO BOX 100 WELAKA, FL 32193</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>05-0020900</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02212005    Chg-NP    CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  <b>SIMPSON, DENNIS 670 3RD AVE WELAKA, FL 32193</b>			7. Name and Address of New Registered Agent Name: <b>DALLAS T. Clay</b> Street Address (P.O. Box Number is Not Acceptable) <b>195 LAKE COMO DRIVE</b> City: <b>POMONA PARK</b> FL    Zip Code: <b>32181</b>		
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: <b>DALLAS T. Clay, PASTOR</b> DATE: <b>3-09-05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10-</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SIMPSON, DENNIS L 670 3RD AVE WELAKA, FL 32193	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DALLAS T. CLAY 195 LAKE COMO DRIVE POMONA PARK, FL. 32181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BASFORD, SHIRLEY PO BOX 42 WELAKA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, ELLEN P 201 BAYBERRY CT./ PO BOX 387 GEORGETOWN, FL 32139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORSYTHE, QUEENIE 166 BOSTWICK CEMETARY RD BOSTWICK, FL 32007	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BASFORD, BOBBY 500 WALNUT ST WELAKA, FL 32193	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHILLIPS, JAMES 139 BAYOU DR SAN MATEO, FL 32187	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b> <u>Ellen P. Johnson</u> <b>Ellen P. JOHNSON, CLERK</b> <b>3-09-05</b> <b>386-467-3761</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					