## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## May 02, 2006 8:00 am **DOCUMENT # 745693** Secretary of State 1. Entity Name 05-02-2006 90214 047 \*\*\*\*61.25 WELAKA BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 670 3RD AVENUE **PO BOX 100** WELAKA FL 32193 WELAKA FL 32193 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State Applied For 4. FEI Number 05-0020900 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Bobby Basford CLAY, DALLAS Street Address (P.O. Box Number is Not Acceptable) 500 Walnut St. - P. O. 195 LAKE CAMO DRIVE Box 42 POMONA PARK FL 32181 City Zip Code Welaka, 52193. 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. Bobby Basford, Deacon 4-13-06 SIGNATURE Signature, typed or printed name of registored agent and lide if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. P/D TITLE ☐ Delete TITLE Change Addition Dallas Clay resigned. CLAY, DALLAS T NAME NAME Hiring of new Pastor pending. 195 LAKE CAMO DRIVE STREET ADDRESS STREET ADDRESS POMONA PARK FL 32181 City-St-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Detete TITLE ☐ Change BASFORD, SHIRLEY NAME NAME STREET ADDRESS PO BOX 42 STREET ADDRESS WELAKA FL CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition JOHNSON, ELLEN P NAME NAME Mary Webb Assistant Clerk STREET ADDRESS 201 BAYBERRY CT./ PO BOX 387 STREET ADDRESS 370 County Rd. 309, Satsuma, Fla. CITY-ST-ZIP CITY-ST-7IP **GEORGETOWN FL 32139** P. O. Box 1173, Welaka, Fl. 32193 TITLE ☐ Delete TITLE Change Addition Trustee NAME FORSYTHE, QUEENIE Queenie Forsythe STREET ADDRESS 166 BOSTWICK CEMETARY RD STREET ADDRESS 206 Zeagler Dr. Apt. #62 CITY+ST-ZIP CITY-ST-ZIP BOSTWICK FL 32007 TITLE ☐ Delete TITLE ☐ Change ☐ Addition bly Basford BASFORD, BOBBY NAME 500 WALNUT ST STREET ADDRESS STREET ADDRESS WELAKA FL 32193 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Shirley Basford, Treasurer

4-13-06 (386) 467-3761

**FILED**