

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2008 08:00 AM
Secretary of State

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 - No P.O. Box #

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

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

WILLIAMS, WILLIAM E
413 MELROSE AVE
GREEN COVE SPRINGS FL 32043

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, 2008

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

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

AC ☐ Delete
NAME WEBB, MARY
STREET ADDRESS 370 COUNTY RD 309, SATAUM, FL, PO BOX 1173
CITY- ST- ZIP WELAKA FL 32193

TR ☐ Delete
NAME FORSYTHE, QUEENIE
STREET ADDRESS 206 ZEAGLER DR., APT 62
CITY- ST- ZIP PALATKA FL 32177

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

P ☐ Delete
NAME WILLIAMS, WILLIAM E
STREET ADDRESS 413 MELROSE AVE
CITY- ST- ZIP GREEN COVE SPRINGS FL 32043

☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

000000815516 ☐ Change ☐ Addition
02/14/08-80012-013 61.25
NAME
STREET ADDRESS
CITY- ST- ZIP

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

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

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

☐ Change ☐ Addition
NAME
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 *111-8411*