

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745693

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: WELAKA BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

670 3RD AVENUE  
WELAKA, FL 32193

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 100  
WELAKA, FL 32193

**New Mailing Address:**

FEI Number: 59-3222414      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: BASFORD, SHIRLEY  
Address: PO BOX 42  
City-St-Zip: WELAKA, FL

Title: AC ( ) Delete  
Name: WEBB, MARY  
Address: 370 COUNTY RD 309, SATAUM,FL, PO BOX 1173  
City-St-Zip: WELAKA, FL 32193

Title: TR ( ) Delete  
Name: FORSYTHE, QUEENIE  
Address: 206 ZEAGLER DR., APT 62  
City-St-Zip: PALATKA, FL 32177

Title: TD ( ) Delete  
Name: BASFORD, BOBBY  
Address: 500 WALNUT ST  
City-St-Zip: WELAKA, FL 32193

Title: P ( ) Delete  
Name: WILLIAMS, WILLIAM E  
Address: 413 MELROSE AVE  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY BASFORD

Electronic Signature of Signing Officer or Director

TREA

02/23/2009

\_\_\_\_\_ Date