

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90134 027 ****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



☐ CHECK HERE IF MAKING CHANGES

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

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	<input type="checkbox"/> Delete
NAME	SIMPSON, DENNIS L	
STREET ADDRESS	670 3RD AVE	
CITY-ST-ZIP	WELAKA FL 32193	
TITLE	T	<input type="checkbox"/> Delete
NAME	BASFORD, SHIRLEY	
STREET ADDRESS	PO BOX 42	
CITY-ST-ZIP	WELAKA FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	WEBB, MARY	
STREET ADDRESS	670 3RD AVENUE	
CITY-ST-ZIP	WELAKA FL 32193	
TITLE	T	<input type="checkbox"/> Delete
NAME	FORSYTHE, QUEENIE	
STREET ADDRESS	168 BOSTWICK CEMETARY RD	
CITY-ST-ZIP	BOSTWICK FL 32007	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BASFORD, BOBBY	
STREET ADDRESS	500 WALNUT ST	
CITY-ST-ZIP	WELAKA FL 32193	
TITLE	TD	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (10/02)

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:

SIGNATURE REQUIRED

Mary Webb, Church Clerk

1-14-03

(386)

467-3761

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #