

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756690

1. Entity Name

WILLOW OAK BAPTIST CHURCH, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90131 028 ****61.25

Principal Place of Business Mailing Address

3390 WILLOW OAK RD 3390 WILLOW OAK RD
P O BOX 466 P O BOX 466
MULBERRY FL 33860 MULBERRY FL 33860-0466

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2369638 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, J T
PIERCE ROAD
MULBERRY, FL
33860

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.

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 \$5.00 May Be Added to Fees
Trust Fund Contribution. ☐

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, J T	
STREET ADDRESS	BLUFF RD.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WELLS, CARL M.	
STREET ADDRESS	3465 JAMIE ST.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARRISH, JACK JR.	
STREET ADDRESS	171 NW 10 DR.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SLOAN, WILLIAM J.	
STREET ADDRESS	4070 WALYN DR.	
CITY-ST-ZIP	MULBERRY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUDD, SAMUEL	
STREET ADDRESS	3410 WILLIS ROAD	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SLOAN, JACKIE H.	
STREET ADDRESS	4070 WALYN DR.	
CITY-ST-ZIP	MULBERRY FL	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Jackie H. Sloan* **SIGNATURE REQUIRED** Jackie H. Sloan 4/16/00 862-425-1427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)