

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90061 017 \*\*\*\*61.25

**DOCUMENT # 756690**

1. Entity Name

**WILLOW OAK BAPTIST CHURCH, INC.**

Principal Place of Business

**3390 WILLOW OAK RD  
P O BOX 466  
MULBERRY FL 33860**

Mailing Address

**3390 WILLOW OAK RD  
P O BOX 466  
MULBERRY FL 33860**

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

**59-2369638**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME	<b>D</b> <b>SAPP, WILLIAM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<b>3290 LIMATI LANE</b>	
CITY-ST-ZIP	<b>MULBERRY, FL 33860</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**JONES, DIRECTOR**

**1/14/01 863-425-1427**

Date

Daytime Phone #

CR2E037 (10/00)