

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90053 030 \*\*\*\*\*70.00

**DOCUMENT # N00000005539**

1. Entity Name

**EMANUEL FREE WILL BAPTIST CHURCH, INC.**

Principal Place of Business

4543 WARING RD  
 LAKELAND FL 33811

Mailing Address

PO BOX 91162  
 LAKELAND FL 33804

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*

☒ Applied For

☐ 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

**BAGLEY, MINNIE**  
**1504 PINETOP DRIVE E.**  
**LAKELAND FL 33809**

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:**  
**FEES 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

TITLE ☐ Delete  
 NAME **D COLLINS, MARCUS**  
 STREET ADDRESS **401 ADAMS RD.**  
 CITY-ST-ZIP **MULBERRY FL 33860**

TITLE ☐ Delete  
 NAME **D FINLEY, MARTHA**  
 STREET ADDRESS **PO BOX 59**  
 CITY-ST-ZIP **KATHLEEN FL 33849**

TITLE ☐ Delete  
 NAME **DT BAGLEY, MINNIE**  
 STREET ADDRESS **1504 PINETOP DR. E**  
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ 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:

*Minnie Bagley*  
**MINNIE BAGLEY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-6-01*  
 Date

*863-868-1679*  
 Daytime Phone #

CR2E037 (10/00)