

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

DOCUMENT # N01000006485

1. Entity Name

APALACHEE BAPTIST ASSOCIATION, INC.



FILED

05 JUL 18 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16646 SE PEAR STREET

3. Mailing Address

P O BOX 847

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BLOUNTSTOWN FL 32424

City & State
BLOUNTSTOWN FL 32424

4. FFI Number
59-3630422

Applied For
Not Applicable

Zip
32424

Country
CALHOUN

Zip
32424

Country
CALHOUN

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ROBERTS, CLYDE N.

Street Address (P.O. Box Number is Not Acceptable)

7871 NW RIVER ROAD

City
BRISTOL

FL Zip Code
32321

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

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR OF MISSIONS ROBERTS, CLYDE N. 7871 NW RIVER ROAD BRISTOL FL 32321
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MODERATOR STALLWORTH, TOM 16693 SE PEAR STREET BLOUNTSTOWN FL 32424
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CLERK PHILLIPS, ANNETTE 21222 NE STATE ROAD 65 TELOGIA FL 32360-0127
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURER WATSON, YVONNE C. 13674 NW PEA RIDGE ROAD BRISTOL FL 32321
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**DO NOT WRITE
IN THIS SPACE**

8/7/20

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Clyde N. Roberts*

July 12, 2005 674-9601

CR2E037B (12/02)