

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06373

1. Entity Name

BLACKWELDER MEMORIAL FREE WILL BAPTIST CHURCH, I

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90481 027 ****61.25

Principal Place of Business

Mailing Address

HWY 121
P. O. BOX 129
WORTHINGTON SPRINGS FL 32054
US

PO BOX 1695
NEWBERRY FL 32669-1695
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2454907

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WOODS, DEBRA L
1437 SW 298TH ST
NEWBERRY FL 32669

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

T ☐ Delete
NAME WOODS, DEBRA L
STREET ADDRESS 1437 SW 298TH ST
CITY-ST-ZIP NEWBERRY FL 32669

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

D ☐ Delete
NAME CRAWFORD, CHARLES A.
STREET ADDRESS RT 2, BOX 479G
CITY-ST-ZIP LAKE BUTLER FL

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

D ☐ Delete
NAME CRAWFORD, BETTY GRACE
STREET ADDRESS RT 2, BOX 702
CITY-ST-ZIP LAKE BUTLER FL

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

☐ Delete
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CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
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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
Debra L. Woods 4/28-00 (352) 472-3035

Date

Daytime Phone #

CR2E037 (9/99)