## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N18990

1. Entity Name

AVALON BAPTIST CHURCH, INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90243 016 \*\*\*\*61.25

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		Mailing Address			IUUHVVVV		
4316 AVALON BLVD MILTON FL 32583 US		4316 AVALON BLVD. Milton fl 32583 US		 	# 12110 10111 DOIT 01011 01011 0101	1 11311 1 <b>1</b> 1	HI DIDI HADI
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-2719053 Applied For Not Applicable			
Zip Country		Zip	Country	5. Certificate of Status D		75 Add Required	
	6. Name and Address of Current			7. Name and Address o			
The state of the s			Name	المراجع			
ROBERTSON, DAVID 5624 CARDIMAN			Street Address	(P.O. Box Number is Not Acceptable)			
MILTON FL 32583							
			City		FL Z	ip Code	9
8. The above the obligat	e named entity submits this statement for tions of registered agent.)	or the purpose of changing its re	egistered office or registe	red agent, or both, in the Sta	ate of Florida. I am familia	ar with, a	and accept
SIGNATURE	Supporce, type or printed name of registered agent	and tips if applicable. (NOTE:	<b>1</b> Registered Agent signature require	d when reinstating)	2-11-01	3	
2-1 (#	7						<u> </u>
FILE NOW: FEE IS \$61.25				\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co	· · · -		Make Check Pay Florida Departmer	yable t at of S	to itate
10.	FILE NOW: FEE IS \$61.25  OFFICERS AND DII	Trust Fund Co	entribution.		Florida Departmer	nt of S	tate
*,	OFFICERS AND DIE	Trust Fund Co	entribution.	Added to Fees	Florida Departmer	nt of S	tate
10. TITLÉ NAME	OFFICERS AND DIE VTR WHITFIELD, CLARENCE	Trust Fund Co	ntribution.   11.  TITLE  NAME	Added to Fees	Florida Departmer	ors in	itate
10. TITLÉ NAME STREET ADDRESS	OFFICERS AND DIE VTR WHITFIELD, CLARENCE 623 FORTE ST	Trust Fund Co	TITLE NAME STREET ADDRESS	Added to Fees	Florida Departmer	ors in	itate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIE VTR WHITFIELD, CLARENCE 623 FORTE ST PACE FL	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida Departmen	ORS IN Change	10 Addition
10. TITLÉ NAME STREET ADDRESS	OFFICERS AND DIE VTR WHITFIELD, CLARENCE 623 FORTE ST PACE FL TTR	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Florida Departmen	ors in	itate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIE  VTR WHITFIELD, CLARENCE 623 FORTE ST PACE FL TTR PELOKE, JOHN SR	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida Departmen	ORS IN Change	10 Addition
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VTR WHITFIELD, CLARENCE 623 FORTE ST PACE FL TTR PELOKE, JOHN SR 5404 MILLSTONE CIRCLE APT	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida Departmen	ORS IN Change	10 Addition
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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 tradice empowered to execute this report as equired 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, withiall other like empowered.

SIGNATURE:

2-11-03

623-1241