2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

0057262

04-30-2001 90359 047 ****61.25

DOCUMENT # N25933

1. Entity Name

MIDWAY BAPTIST CHURCH, INC.

Principal Place of Business
2902 E. MIDWAY RD.
PLANT CITY FL 33565

Mailing Address
2902 E. MIDWAY RD.
PLANT CITY FL 33565

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 59-1936407 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FUTCH, RAY
2902 E WILLIAMS RD
PLANT CITY FL 33565

7. Name and Address of New Registered Agent

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	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	PINION, HERMAN	NAME	
STREET ADDRESS	4202 E. KNIGHTS GRIFFIN	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	CITY-ST-ZIP	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FUTCH, RAY	NAME	
STREET ADDRESS	2902 E. WILLIAMS ROAD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHNSON, RAY	NAME	
STREET ADDRESS	1103 OLD POLK CITY RD	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BUCHANAN, RUBY	NAME	
STREET ADDRESS	2710 N. WILDER ROAD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	D ☒ Change ☐ Addition
NAME	MITCHELL, JOYCE	NAME	Barney Newsome
STREET ADDRESS	4107 N. WILDER RD.	STREET ADDRESS	2102 E.Newsome Rd.
CITY-ST-ZIP	PLANT CITY FL	CITY-ST-ZIP	Plant City, FL 33565
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	OSBORN, CLYDE	NAME	
STREET ADDRESS	2804 E MAYDAY RD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	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.

TD
SIGNATURE: Ruby Buchanan RUBY BUCHANAN 4-23-01 813-752-1329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)