

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

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

07-30-2003 90069 022 \*\*\*\*61.25

**DOCUMENT # N28947**

1. Entity Name

**THE FIRST BAPTIST CHURCH OF WAHNETA, INC.**



Principal Place of Business  
609 S. RIFFLE RANGE RD.  
WINTER HAVEN FL 33880

Mailing Address  
PO BOX 5061  
ELUISE FL 33880

**55054192**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0101452**

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

**ABERCROMBIE, ELIZABETH**  
**239 9TH WAHNETA ST WEST**  
**WINTER HAVEN FL 33880**

7. Name and Address of New Registered Agent

Name

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

*No Changes*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Elizabeth Abercrombie*  
Signature, typed or printed name of registered agent and title if applicable.

*Elizabeth Abercrombie*  
(NOTE: Registered Agent signature required when reinstating)

*7/25/2003*  
DATE

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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 ☐ Delete  
NAME **MEADOWS, JOANN**  
STREET ADDRESS **132 7TH ST. WEST WAHNETA**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Delete  
NAME **CHASTAIN, VERNON**  
STREET ADDRESS **123 AVE. A WAHNETA EAST**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☒ Delete  
NAME **FORKEL, GUS**  
STREET ADDRESS **2231 AVE. C NW**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☐ Delete  
NAME **ROBBINS, ARNETT**  
STREET ADDRESS **123 7TH WAHNETA ST WEST**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

TITLE ☒ Delete  
NAME **SOWELL, JAMES**  
STREET ADDRESS **126 7TH WAHNETA ST. WEST**  
CITY-ST-ZIP **WINTER HAVEN FL 33880**

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 *Willy P Abercrombie*  
STREET ADDRESS *239 9th Wahnetta St W*  
CITY-ST-ZIP *Winter Haven FL 33880*

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

TITLE ☐ Change ☐ Addition  
NAME *Marie Massey*  
STREET ADDRESS *106 Ave A Wahnetta East*  
CITY-ST-ZIP *Winter Haven FL 33880*

TITLE ☐ Change ☐ Addition  
NAME *Elizabeth Abercrombie*  
STREET ADDRESS *239 9th Wahnetta St W*  
CITY-ST-ZIP *Winter Haven FL 33880*

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: *Elizabeth Abercrombie* SIGNATURE REQUIRED *Elizabeth Abercrombie* / *7/25/03* *823-3347525*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)