

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

01-17-2003 90082 014 ****70.00

DOCUMENT # N34933

1. Entity Name

DARLINGTON BAPTIST CHURCH, INC.



Principal Place of Business

**4751 STATE HIGHWAY 2 EAST
WESTVILLE FL 32464
US**

Mailing Address

**4751 STATE HIGHWAY 2 EAST
WESTVILLE FL 32464
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**MILLER, RALPH D
5101 STATE HWY. 2 EAST
WESTVILLE FL 32464**

4. FEI Number **59-3310491**

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name **TED F. PRYOR**

Street Address (P.O. Box Number is Not Acceptable)
2002 YORKEY ROAD

WESTVILLE, FL

32433

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

Ted Pryor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-8-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WARD, L L**
STREET ADDRESS **6125 HIGHWAY 181 EAST**
CITY-ST-ZIP **WESTVILLE FL** ☐ Delete

TITLE **D**
NAME **PRYOR, TED F**
STREET ADDRESS **2002 YORKEY ROAD**
CITY-ST-ZIP **WESTVILLE FL** ☐ Delete

TITLE **D**
NAME **MILLER, RALPH D**
STREET ADDRESS **5101 STATE HWY. 2 EAST**
CITY-ST-ZIP **WESTVILLE FL** ☒ Delete

TITLE **T**
NAME **WILKERSON, KEVIN R.**
STREET ADDRESS **1988 Co. Hwy 181 E**
CITY-ST-ZIP **Westville, FL** ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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:

Kevin R. Wilkerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03

Date

850-859-1020

Daytime Phone #

CR2E037 (10/02)