

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001841

1. Entity Name

WARDS CREEK BAPTIST CHURCH, INC. ✓

FILED
Jul 17, 2000 8:00 am
Secretary of State

07-17-2000 90015 022 ****61.25

Principal Place of Business

7730 COUNTY RD 13 N
ST AUGUSTINE FL 32092

Mailing Address

7730 COUNTY RD 13 N
ST AUGUSTINE FL 32092

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

59-1619084

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BOLES, JOSEPH L JR.
120 CHARLOTTE ST
ST AUGUSTINE FL 32084

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
After September 13, 2000 min. will be \$236.25

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

TITLE PD ☐ Delete
NAME REWIS, LEON
STREET ADDRESS RT 3 BOX 1356X
CITY-ST-ZIP SATSUMA FL 32189

TITLE VD ☐ Delete
NAME MCDONALD, JOHN
STREET ADDRESS 510 20TH STREET N BEACH
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE VS ☐ Delete
NAME FULLER, B. J.
STREET ADDRESS 5646 SR 16 LOT C
CITY-ST-ZIP ST AUGUSTINE FL 32092

TITLE SDTD ☐ Delete
NAME LANE, EDNA J
STREET ADDRESS 4997 CR 208
CITY-ST-ZIP ST AUGUSTINE FL 32092

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

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

TITLE ☐ Change ☐ Addition
NAME
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STREET ADDRESS
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:

Edna J Lane **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-2000

Date

522-0128

Daytime Phone #

CP2E037 (5/00)