

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90053 004 ****70.00

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1. Entity Name

FREE WILL BAPTIST ANNUAL CONFERENCE, A DIVISION,

Principal Place of Business

Mailing Address

**107 WEST SEVENTH STREET
 LAKELAND FL 33805**

**PO BOX 3671
 LAKELAND FL 33802-3671**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #: etc.

Suite, Apt. #: etc.

City & State

City & State

4. FEI Number

59-3491296

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

7. Name and Address of New Registered Agent

**SMITH, JOHN W JR.
 1941 LAVON STREET
 LAKELAND FL 33805**

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 **D** Delete
 NAME **SMITH, JOHN W JR.**
 STREET ADDRESS **1941 LAVON STREET**
 CITY-ST-ZIP **LAKELAND FL 33805**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **COPELAND, JOHN L**
 STREET ADDRESS **100 19TH AVENUE SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL 33705**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DINK, JAMES JR.**
 STREET ADDRESS **801 E. McDONALD ROAD**
 CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **JOHNSON, JESSE**
 STREET ADDRESS **823 SOUTH HIGH STREET**
 CITY-ST-ZIP **DELAND FL 32720**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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:

John W. Smith
JOHN W. SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 31, 2000 (863) 680-1400

Date Daytime Phone #