

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 13, 2001 8:00 am**  
**Secretary of State**

08-13-2001 90095 041 \*\*\*\*61.25

**DOCUMENT # N96000001013**

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

00075210



DO NOT WRITE IN THIS SPACE

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

Name

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

City

**FL**

Zip Code

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

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 \_\_\_\_\_ (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  Delete  
 NAME **D 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  Delete  
 NAME **D 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  Delete  
 NAME **D 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  Delete  
 NAME **D 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** 03-09-01 863 683-1483

CR2E037 (10/00)