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

Jan 13, 2003 8:00 am Secretary of State DOCUMENT # **N96000004347** 01-13-2003 90109 033 ****61.25 WELCOME SOUTHERN BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 807 W JAMES LEE BLVD 807 W JAMES LEE BLVD 20004066 CRESTVIEW FL 32536 CRESTVIEW FL 32536 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2919139 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETTIS, DAVID Street Address (P.O. Box Number is Not Acceptable) 148 JONES ROAD CRESTVIEW FL 32536 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. ed agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE file NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. \Box Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE CR2E037 (10/02) ☐ Change ☐ Addition PETTIS, DAVID NAME NAME STREET ADDRESS 148 JONES ROAD STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32536 CITY-ST-7IP SD TITLE Delete TITLE Change ☐ Addition **BOOKER, RICKEY** NAME NAME STREET ADDRESS 1535 S. PEARL ST STREET ADDRESS CITY-ST-ZIF **CRESTVIEW FL 32539** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BURGAN, OSCAR NAME NAME STREET ADDRESS 725 E PINE AVE STREET ADDRESS CITY-ST-ZIP **CRESTVIEW FL 32539** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

FILED

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS