

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004613

1. Entity Name

DAMASCUS BAPTIST CHURCH, INC.

Principal Place of Business

P O BOX 316  
WELAKA FL 32193

Mailing Address

P O BOX 316  
WELAKA FL 32193-0316

2. Principal Place of Business

P.O. Box 316

3. Mailing Address

P.O. Box 316

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WELAKA, FL

City & State

WELAKA, FL

Zip

32193

Country

Putnam

Zip

32193

Country

Putnam

6. Name and Address of Current Registered Agent

SHIVERS, CHARLIE  
220 S 15 STREET  
PALATKA FL 32177

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

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

T  
NAME SMALLWOOD, ANGELINE  
STREET ADDRESS 625 WALNUT ST  
CITY-ST-ZIP WELAKA FL 32193

☐ Delete

T  
NAME MCCOY, PATRICIA  
STREET ADDRESS 610 9TH AVE  
CITY-ST-ZIP WELAKA FL 32193

☐ Delete

T  
NAME JOHNSON, MARY ANN  
STREET ADDRESS 801 PALMETTO ST  
CITY-ST-ZIP WELAKA FL 32193

☐ Delete

T  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

T  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

T  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

T  
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:

*Angeline Smallwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-00

Date

Daytime Phone #

FILED  
Mar 22, 2000 8:00 am  
Secretary of State

03-22-2000 90058 020 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3481934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

CR2E037 (9/99)