

# 2001 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3481934

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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

Rev. Rosalee P. Pineda

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

1007 Lilly Ave

City

Duston Beach

FL

Zip Code

32117

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

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | T                   | <input type="checkbox"/> Delete |
| NAME           | SMALLWOOD, ANGELINE |                                 |
| STREET ADDRESS | 625 WALNUT ST       |                                 |
| CITY-ST-ZIP    | WELAKA FL 32193     |                                 |
| TITLE          | T                   | <input type="checkbox"/> Delete |
| NAME           | MCCOY, PATRICIA     |                                 |
| STREET ADDRESS | 610 9TH AVE         |                                 |
| CITY-ST-ZIP    | WELAKA FL 32193     |                                 |
| TITLE          | T                   | <input type="checkbox"/> Delete |
| NAME           | JOHNSON, MARY ANN   |                                 |
| STREET ADDRESS | 801 PALMETTO ST     |                                 |
| CITY-ST-ZIP    | WELAKA FL 32193     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Angeline Smallwood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/2001 (904) 467 1925



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

001049

FILED  
Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90013 043 \*\*\*\*61.25