

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-15-2002 90078 040 ****61.25

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

WELAKA, FLORIDA
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 316
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WELAKA FLORIDA

City & State

WELAKA, FLORIDA

4. FEI Number

59-3481934

Applied For

Not Applicable

Zip *32193*

Country *FLORIDA*

Zip *32193*

Country *FLORIDA*

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~PINEKING, ROOSEVELT REV
 1007 FIBBY AVE
 DAYTONA BEACH FL 32117~~

7. Name and Address of New Registered Agent

Name *Rev. Ernie Ford Jr.*

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

410 Steel Road

City *Seville, FL*

FL Zip Code *32190*

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

Angeline Smallwood

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 ☐ Delete
 NAME **SMALLWOOD, ANGELINE**
 STREET ADDRESS **625 WALNUT ST**
 CITY-ST-ZIP **WELAKA FL 32193**

TITLE ☐ Delete
 NAME **MCCOY, PATRICIA**
 STREET ADDRESS **810 9TH AVE**
 CITY-ST-ZIP **WELAKA FL 32193**

TITLE ☐ Delete
 NAME **JOHNSON, MARY ANN**
 STREET ADDRESS **801 PALMETTO ST**
 CITY-ST-ZIP **WELAKA FL 32193**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 #

CR2E037 (9/01)