

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90137 037 *****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

11029813



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

P.O. Box 157
Suite, Apt. #, etc.

3. Mailing Address

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

City & State

WELAKA, FL

City & State

WELAKA, FL

4. FEI Number **59-3481934**

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

FORD, REV, EVERS
410 STEEL ROAD
SEVILLE FL 32190

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **T** ☐ 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
NAME
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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*

4/25/03

386-1167-9262

CR2E037 (10/02)