

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004520

1. Entity Name

MILLEDGE BAKER MINISTRIES, INC.

Principal Place of Business

8100 PINE FOREST ROAD  
WALNUT HILL FL 32568

Mailing Address

8100 PINE FOREST ROAD  
WALNUT HILL FL 32568

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90094 036 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3527669**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKER, MILLEDGE L  
8100 PINE FOREST ROAD  
WALNUT HILL FL 32568

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

TITLE ☐ Delete  
NAME BAKER, MILLEDGE L  
STREET ADDRESS 8100 PINE FOREST ROAD  
CITY-ST-ZIP WALNUT HILL FL 32568

TITLE ☐ Delete  
NAME BAKER, BARBARA S  
STREET ADDRESS 8100 PINE FOREST ROAD  
CITY-ST-ZIP WALNUT HILL FL 32568

TITLE ☐ Delete  
NAME BAKER, ANGELA M  
STREET ADDRESS 8100 PINE FOREST ROAD  
CITY-ST-ZIP WALNUT HILL FL 32568

TITLE ☐ Delete  
NAME SANDERS, TED  
STREET ADDRESS 402 SOUTH PRESLEY STREET  
CITY-ST-ZIP ATMORE AL 36502

TITLE ☐ Delete  
NAME SANDERS, MARY K  
STREET ADDRESS 402 SOUTH PRESLEY STREET  
CITY-ST-ZIP ATMORE AL 36502

TITLE ☐ Delete  
NAME TRAVIS, CHARLES T  
STREET ADDRESS 11152 OAK RIDGE DRIVE S.  
CITY-ST-ZIP JACKSONVILLE FL 32225

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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CITY-ST-ZIP

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0019271

CR2E037 (10/00)

*Milledge L. Baker* 01/22/01 850.327.4258