

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 745693**

1. Entity Name

**WELAKA BAPTIST CHURCH, INC.**

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90259 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

670 3RD AVENUE  
 WELAKA FL 32193

PO BOX 100  
 WELAKA FL 32193-0100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0020900

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONKEY, WILLIAM E  
 670 3RD AVE  
 P O BOX 100  
 WELAKA FL 32193

Name *Pipkins, Wilbur J.*

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

*670 3RD AVE*

*WELAKA, FL.*

City

FL

Zip Code  
*32193*

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

*Wilbur J. Pipkins*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1-10-2000*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME P/D  
 CONKEY, WILLIAM E  
 STREET ADDRESS 670 3RD AVE  
 CITY-ST-ZIP WELAKA FL

TITLE  Change  Addition  
 NAME P/D  
 Pipkins, Wilbur J.  
 STREET ADDRESS 670 3RD AVE.  
 CITY-ST-ZIP WELAKA FL

TITLE  Delete  
 NAME T  
 DEAN, JAMES  
 STREET ADDRESS RT. 2 BOX 837 A  
 CITY-ST-ZIP CRESCENT CITY FL 32112

TITLE  Change  Addition  
 NAME T  
 BASFORD, Shirley  
 STREET ADDRESS P.O. BOX 42  
 CITY-ST-ZIP WELAKA, FL.

TITLE  Delete  
 NAME SD  
 CRAWFORD, MONA  
 STREET ADDRESS PO BOX 282  
 CITY-ST-ZIP WELAKA FL 32193

TITLE  Change  Addition  
 NAME SD  
 C.

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*Wilbur J. Pipkins* *Wilbur J. Pipkins* *1-10-00* *904-467-3761*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)