

FILED  
Sep 04, 2002 8:00 am  
Secretary of State

08-13-2002 90222 039 \*\*\*\*61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745693  
 1. Entity Name  
**WELAKA BAPTIST CHURCH, INC.**

Principal Place of Business Mailing Address  
 670 3RD AVENUE PO BOX 100  
 WELAKA FL 32193 WELAKA FL 32193

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

6. Name and Address of Current Registered Agent  
 PIPKINS, WILBUR J  
 670 3RD AVE  
 WELAKA FL 32193

7. Name and Address of New Registered Agent  
 Name **SIMPSON, DENNIS**  
 Street Address (P.O. Box Number is Not Acceptable)  
**670 3RD AVE**  
 City **WELAKA** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Dennis L. Simpson* **DENNIS SIMPSON** 8/02/02  
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be \$236.25.  
 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 NAME STREET ADDRESS CITY-ST-ZIP	P/D PIPKINS, WILBUR J 670 3RD AVE WELAKA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BASFOED, SHIRLEY PO BOX 42 WELAKA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIPKINS, MARGARET A 670 3RD AVENUE WELAKA FL 32193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T QUEENIE FORSYTHE 166 BOSTWICK CEMETARY RD. BOSTWICK, FLA. 32007	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BOBBY BASFOED 500 WALNUT ST. WELAKA, FLA. 32193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JAMES PHILLIPS 139 BAYOU DR. SATSUMA, FLA. 32189	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SIMPSON, DENNIS L 670 3RD AVE WELAKA, FL 32193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLERK WEBB, MARY 670 3RD AVE WELAKA, FL 32193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *MARY WEBB* **MARY WEBB** (386)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date August 2, 2002 467-2187 Daytime Phone #

CR2E037 (4/02)