


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90043 032 ****61.25

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



Principal Place of Business
**670 3RD AVENUE
 WELAKA, FL 32193**


Mailing Address
**PO BOX 100
 WELAKA, FL 32193**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

20040310



02212005 Chg-NP CR2E037 (10/03)

4. FEI Number
05-0020900

Applied For
 Not Applicable

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

8. Name and Address of Current Registered Agent
**SIMPSON, DENNIS
 670 3RD AVE
 WELAKA, FL 32193**

7. Name and Address of New Registered Agent
 Name: **DALLAS T. Clay**
 Street Address (P.O. Box Number is Not Acceptable)
195 LAKE COMO DRIVE
 City: **POMONA PARK FL** Zip Code: **32181**

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: **DALLAS T. Clay, PASTOR** (NOTE: Registered Agent signature required when reinstating) DATE: **3-09-05**

Filing Fee is **\$61.25** Due by **May 1, 2005**

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	P/D	<input checked="" type="checkbox"/> Delete
NAME	SIMPSON, DENNIS L	
STREET ADDRESS	670 3RD AVE	
CITY-ST-ZIP	WELAKA, FL 32193	
TITLE	T	<input type="checkbox"/> Delete
NAME	BASFORD, SHIRLEY	
STREET ADDRESS	PO BOX 42	
CITY-ST-ZIP	WELAKA, FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, ELLEN P	
STREET ADDRESS	201 BAYBERRY CT./ PO BOX 387	
CITY-ST-ZIP	GEORGETOWN, FL 32139	
TITLE	T	<input type="checkbox"/> Delete
NAME	FORSYTHE, QUEENIE	
STREET ADDRESS	166 BOSTWICK CEMETARY RD	
CITY-ST-ZIP	BOSTWICK, FL 32007	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BASFORD, BOBBY	
STREET ADDRESS	500 WALNUT ST	
CITY-ST-ZIP	WELAKA, FL 32193	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, JAMES	
STREET ADDRESS	139 BAYOU DR	
CITY-ST-ZIP	SAN MATEO, FL 32187	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10--

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALLAS T. CLAY	
STREET ADDRESS	195 LAKE COMO DRIVE	
CITY-ST-ZIP	POMONA PARK, FL. 32181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Ellen P. Johnson** **Ellen P. JOHNSON, CLERK** DATE: **3-09-05** DAYTIME PHONE #: **386-467-3761**