


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90214 047 ****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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number 05-0020900		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLAY, DALLAS 195 LAKE CAMO DRIVE POMONA PARK FL 32181		Name Bobby Basford Street Address (P.O. Box Number is Not Acceptable) 500 Walnut St. - P. O. Box 42 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 Bobby Basford, Deacon DATE 4-13-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	Dallas Clay resigned.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLAY, DALLAS T		NAME	Hiring of new Pastor pending.			
STREET ADDRESS	195 LAKE CAMO DRIVE		STREET ADDRESS				
CITY-ST-ZIP	POMONA PARK FL 32181		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BASFORD, SHIRLEY		NAME				
STREET ADDRESS	PO BOX 42		STREET ADDRESS				
CITY-ST-ZIP	WELAKA FL		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOHNSON, ELLEN P		NAME	Mary Webb Assistant Clerk			
STREET ADDRESS	201 BAYBERRY CT./ PO BOX 387		STREET ADDRESS	370 County Rd. 309, Satsuma, Fla.			
CITY-ST-ZIP	GEORGETOWN FL 32139		CITY-ST-ZIP	P. O. Box 1173, Welaka, FL 32193			
TITLE	T	<input type="checkbox"/> Delete	TITLE	Trustee	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FORSYTHE, QUEENIE		NAME	Queenie Forsythe			
STREET ADDRESS	166 BOSTWICK CEMETARY RD		STREET ADDRESS	206 Zeagler Dr. Apt. #62			
CITY-ST-ZIP	BOSTWICK FL 32007		CITY-ST-ZIP	Palatka, Fla. 32177			
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BASFORD, BOBBY		NAME	<i>Bobby Basford</i>			
STREET ADDRESS	500 WALNUT ST		STREET ADDRESS				
CITY-ST-ZIP	WELAKA FL 32193		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Shirley Basford, Treasurer **4-13-06 (386) 467-3761**