

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745693

Entity Name: WELAKA BAPTIST CHURCH, INC.**Current Principal Place of Business:**670 3RD AVENUE
WELAKA, FL 32193**Current Mailing Address:**PO BOX 100
WELAKA, FL 32193**FEI Number: 59-3222414****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WILLIAMS, WILLIAM E
413 MELROSE AVE
GREEN COVE SPRINGS, FL 32043 US*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:**

Electronic Signature of Registered Agent

Date**Officer/Director Detail :**

Title TREASURER
Name TOURVILLLE, SHARYN LYONORS
Address PO BOX 593
City-State-Zip: SAN MATEO FL 32187

Title SECRETARY
Name ALEXANDER, VIVIAN
Address 126 HICKS AVENUE
City-State-Zip: CRESCENT CITY FL 32112

Title PASTOR
Name WILLIAMS, WILLIAM E
Address 413 MELROSE AVE
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title TRUSTEE
Name ALEXANDER, WILLIAM
Address 126 HICKS AVENUE
City-State-Zip: CRESCENT CITY FL 32112

Title DEACON
Name FORTSON, LARRY
Address 116 GEORGETOWN ROAD
City-State-Zip: GEORGETOWN FL 32139

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM E. WILLIAMS**REGISTERED AGENCY****03/20/2019**

Electronic Signature of Signing Officer/Director Detail

Date