

2015 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 BASFORD, SHIRLEY
Address PO BOX 42
City-State-Zip: WELAKA FL

Title SECRETARY, DEACON
Name MORGAN, SAM
Address 139 WEERTS RD
City-State-Zip: SAN MATEO FL 32187

Title TRUSTEE, DEACON
Name BASFORD, BOBBY
Address 500 WALNUT ST
City-State-Zip: WELAKA FL 32193

Title TRUSTEE
Name HALL, SHALIOUS
Address PO BOX 225
City-State-Zip: WELAKA FL 32193

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

Title TRUSTEE
Name MYRICK, JACK
Address 118 DRIFTWOOD LN
City-State-Zip: GEORGETOWN FL 32139

Title TRUSTEE
Name FISHER, DON
Address 117 GOOD NIEGHBOR DR
City-State-Zip: PALATKA FL 32177

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

PASTOR

01/04/2015

Electronic Signature of Signing Officer/Director Detail

Date