

**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           TOURVILLE, 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