2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1800002359

Entity Name: SOUTH FLORIDA UAFWBC 'A' CONFERENCE, INC.

Current Principal Place of Business:

1047 NORTH OHIO AVENUE LAKELAND, FL 33805

Current Mailing Address:

P. O BOX 2337 LAKE WALES, FL 33859 US

FEI Number: 71-4572632

Name and Address of Current Registered Agent:

UNITED AMERICAN FREE WILL BAPTIST CONFEREN 1047 NORTH OHIO AVENUE LAKELAND, FL 33805 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

Officer/Director Detail :

Title	D	Title	Ρ
Name	DENMARK, JANICE	Name	BROWN, CHARLES
Address	1398 4TH ST NE	Address	3208 EMANUAL DR
City-State-Zip:	WINTER HAVEN FL 33881	City-State-Zip:	LAKE WALES FL 33859
Title	VP	Title	VP
Name	BROWN, ELLIOTT T JR	Name	BROWN, KENNETH R
Address	636 WHEELING AVE	Address	126 WRIGHT DR
City-State-Zip:	ALTAMONTE SPRINGS FL 32714	City-State-Zip:	LAKELAND FL 33805
Title	т	Title	FS
Title Name	T BURRAGE, ROCHELLE	Title Name	FS HARRIS, BERNARD
			-
Name	BURRAGE, ROCHELLE	Name	HARRIS, BERNARD
Name Address City-State-Zip:	BURRAGE, ROCHELLE 611 TUSCANNY ST BRANDON FL 33511	Name Address City-State-Zip:	HARRIS, BERNARD 8245 PEAK AVE LAKELAND FL 33810
Name Address	BURRAGE, ROCHELLE 611 TUSCANNY ST	Name Address City-State-Zip: Title	HARRIS, BERNARD 8245 PEAK AVE LAKELAND FL 33810 BM
Name Address City-State-Zip:	BURRAGE, ROCHELLE 611 TUSCANNY ST BRANDON FL 33511	Name Address City-State-Zip:	HARRIS, BERNARD 8245 PEAK AVE LAKELAND FL 33810
Name Address City-State-Zip: Title	BURRAGE, ROCHELLE 611 TUSCANNY ST BRANDON FL 33511 BM	Name Address City-State-Zip: Title	HARRIS, BERNARD 8245 PEAK AVE LAKELAND FL 33810 BM
Name Address City-State-Zip: Title Name	BURRAGE, ROCHELLE 611 TUSCANNY ST BRANDON FL 33511 BM DELOACH, ERIC 29400 SW 155TH COURT	Name Address City-State-Zip: Title Name	HARRIS, BERNARD 8245 PEAK AVE LAKELAND FL 33810 BM SANDERS, FELICIA

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.

D

SIGNATURE: JANICE DENMARK

Electronic Signature of Signing Officer/Director Detail

FILED Apr 16, 2024 Secretary of State 3110820735CC

Certificate of Status Desired: Yes

Date