

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 08, 2000 8:00 am
Secretary of State

04-10-2000 90034 033 ****61.25

DOCUMENT # 721664

1. Entity Name

PISGAH MISSIONARY BAPTIST CHURCH OF PERRY, FLORI

Principal Place of Business

Mailing Address

U.S. HWY 19, NORTH AT HARRISON BLUE RD.
 P.O. BOX 1210
 PERRY FL 32347

U.S. HWY 19, NORTH AT HARRISON BLUE RD.
 P.O. BOX 1210
 PERRY FLA 32348-1210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1937731

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANTON, ELAINE
RT. 5, BOX 411
PERRY FL 32347

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **BLANTON, ALMON**
 STREET ADDRESS **RT 5, BOX 411, SLAUGHTER ROAD**
 CITY-ST-ZIP **PERRY FL 32347**

TITLE **D** Change Addition
 NAME **Perry BRADSHAW**
 STREET ADDRESS **3009 MCKINLEY MADDOX ROAD**
 CITY-ST-ZIP **Perry, FL 32347**

TITLE **D** Delete
 NAME **BRADSHAW, PAT**
 STREET ADDRESS **RT-1, BOX 26, WOODS CREEK RD**
 CITY-ST-ZIP **PERRY FL 32347**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **BLANTON, ELAINE**
 STREET ADDRESS **RT 5, BOX 411, SLAUGHTER RD**
 CITY-ST-ZIP **PERRY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **LUNDY, PAULINE**
 STREET ADDRESS **RT 5, BOX 600 HARRISON BLUE RD**
 CITY-ST-ZIP **PERRY FL 32347**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ELAINE BLANTON (Elaine Blanton) 4-5-00 850-584-7323
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED37 (9/99)