

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90143 019 ****61.25

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DOCUMENT # 721664

1. Entity Name

PISGAH MISSIONARY BAPTIST CHURCH OF PERRY, FLORI

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Same

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

Suite, Apt. #, etc.

Same

City & State

Same

City & State

Same

Zip

32348

Country

Zip

32348

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

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

7. Name and Address of New Registered Agent

Name

ELAINE BLANTON

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

3677 Slaughter Rd

City

Perry

FL

Zip Code

32347

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLANTON, ALMON	
STREET ADDRESS	RT 5, BOX 411, SLAUGHTER ROAD	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADSHAW, TERRY	
STREET ADDRESS	3009 MCKINLEY MADDOX ROAD	
CITY-ST-ZIP	PERRY FL 32347	
TITLE	S	<input type="checkbox"/> Delete
NAME	BLANTON, ELAINE	
STREET ADDRESS	RT 5, BOX 411, SLAUGHTER RD	
CITY-ST-ZIP	PERRY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUNDY, PAULINE	
STREET ADDRESS	RT 5, BOX 600 HARRISON BLUE RD	
CITY-ST-ZIP	PERRY FL 32347	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Almon Blanton	
STREET ADDRESS	3677 Slaughter Rd	
CITY-ST-ZIP	Perry, FL 32347	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELAINE BLANTON	
STREET ADDRESS	3677 Slaughter Rd	
CITY-ST-ZIP	Perry, FL 32347	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Taylor	
STREET ADDRESS	1010 E. JULIA ST	
CITY-ST-ZIP	Perry, FL 32347	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 4/16/01 850-584-7323
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)