

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90727 036 ****61.25

DOCUMENT # 721664

1. Entity Name

PISGAH MISSIONARY BAPTIST CHURCH OF PERRY, FLORIDA INCORPORATED

Principal Place of Business

Mailing Address

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

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

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANTON, ELAINE
3677 SLAUGHTER RD
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 NAME	PD BLANTON, ALMON	<input type="checkbox"/> Delete
STREET ADDRESS	3677 SLAUGHTER RD	
CITY-ST-ZIP	PERRY FL 32347	
TITLE NAME	D BRADSHAW, TERRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3009 MCKINLEY MADDOX ROAD	
CITY-ST-ZIP	PERRY FL 32347	
TITLE NAME	S BLANTON, ELAINE	<input type="checkbox"/> Delete
STREET ADDRESS	3677 SLAUGHTER RD	
CITY-ST-ZIP	PERRY FL 32347	
TITLE NAME	D TAYLOR, CAROL	<input type="checkbox"/> Delete
STREET ADDRESS	1010 E JULIA ST	
CITY-ST-ZIP	PERRY FL 32347	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Billy Mathis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	5696 H.P. Padgett Road	
CITY-ST-ZIP	Perry, FL 32348	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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** 3-16-02 850-584-7323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)