

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90050 013 ****61.25

DOCUMENT # **721664**



1. Entity Name
**PISGAH MISSIONARY BAPTIST CHURCH OF PERRY, FLORI
DA INCORPORATED**

Principal Place of Business Mailing Address
U.S. HWY 19. NORTH AT HARRISON BLUE RD. U.S. HWY 19. NORTH AT HARRISON BLUE RD.
P.O. BOX 1210 P.O. BOX 1210
PERRY FL 32348 PERRY FL 32348



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1937731		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANTON, ALMON		NAME		
STREET ADDRESS	3677 SLAUGHTER RD		STREET ADDRESS		
CITY-ST-ZIP	PERRY FL 32347		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANTON, ELAINE		NAME		
STREET ADDRESS	3677 SLAUGHTER RD		STREET ADDRESS		
CITY-ST-ZIP	PERRY FL 32347		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, CAROL		NAME	Carol Taylor	
STREET ADDRESS	1010 E JULIA ST		STREET ADDRESS	1010 E. Julia St	
CITY-ST-ZIP	PERRY FL 32347		CITY-ST-ZIP	Perry, FL 32347	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIS, BILLY		NAME		
STREET ADDRESS	5606 H.P. PADGETT RD		STREET ADDRESS		
CITY-ST-ZIP	PERRY FL 32348		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Wayne Bennett	
STREET ADDRESS			STREET ADDRESS	844 E. Roberts Aman Rd	
CITY-ST-ZIP			CITY-ST-ZIP	Perry, FL 32347	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: SIGNATURE REQUIRED **Elaine Blanton** Elaine Blanton 4/28/03 850-584-7323

CR2E037 (10/02)