

**2002 UNIFORM BUSINESS REPORT (UBR)**

2/21

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90159 036 \*\*\*\*61.25

**DOCUMENT # N02000000026**

1. Entity Name

**NEW GULF COAST MISSIONARY BAPTIST ASSOCIATION, I NC.**

Principal Place of Business

Mailing Address

P.O. BOX 35741  
 PANAMA CITY FL 32412-5741

P.O. BOX 35741  
 PANAMA CITY FL 32412-5741

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

**80-0003787**

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

**GARMAN, GUY**  
**3801 S. OCEAN DR. 4Z**  
**HOLLYWOOD FL 33019**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, LEON REV.</b>	
STREET ADDRESS	<b>3842 EAST 3RD ST.</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GLOVER, LEMUEL D REV.</b>	
STREET ADDRESS	<b>530 NEW YORK AVE.</b>	
CITY-ST-ZIP	<b>LYNN HAVEN FL 32444</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BEAMAN, GLORIA D</b>	
STREET ADDRESS	<b>3812 E 11TH ST.</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROOKS, JAYCEE</b>	
STREET ADDRESS	<b>P.O. BOX 35741</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32412-5741</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BUSH, JAMES D REV.</b>	
STREET ADDRESS	<b>608 E 7TH ST.</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GIBSON, SUSIE</b>	
STREET ADDRESS	<b>P.O. BOX 35741</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32412</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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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:

*Rev. Leon Jones* **REQUIRED** *Leon Jones*

**2-6-2002**

**850-769-8574**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)