

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001906

1. Entity Name

BARIN FIELD MISSIONARY BAPTIST YOUTH CAMP, INC.

Principal Place of Business

7400 FABIANO ST
PENSACOLA FL 32506

Mailing Address

7400 FABIANO ST
PENSACOLA FL 32506-5017

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

58-2129577

☒ 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

WILLIAMSON, JOHN M
7400 FABIANO ST
PENSACOLA FL 32506

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 ☐ Delete
NAME WILLIAMSON, JOHN M
STREET ADDRESS 7400 FABIANO ST
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VT
STREET ADDRESS SOUTHERN, RICHARD
CITY-ST-ZIP 5908 FOSTER ST
PENSACOLA FL 32526

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS WILLIAMSON, HELEN M
CITY-ST-ZIP 7400 FABIANO ST
PENSACOLA FL 32506

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS RAY, SANDRA D
CITY-ST-ZIP 6704 FABIANO ST
PENSACOLA FL 32506

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS WILLIAMS, ALBERT D
CITY-ST-ZIP 17 ST REGIS DR
PENSACOLA FL 32505

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS BLACKMON, BOBBY
CITY-ST-ZIP 2532 SANONA CALZADA
PENSACOLA FL 32507

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90026 030 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)