

2002 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

WILLIAMSON, JOHN M
7400 FABIANO ST
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

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

John M. Williamson
Signature, typed or printed name of registered agent and title if applicable.

JOHN M. WILLIAMSON

1-11-02

(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	P	<input type="checkbox"/> Delete
NAME	WILLIAMSON, JOHN M	
STREET ADDRESS	7400 FABIANO ST	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SOUTHERN, RICHARD	
STREET ADDRESS	5908 FOSTER ST	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMSON, HELEN M	
STREET ADDRESS	7400 FABIANO ST	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAY, SANDRA D	
STREET ADDRESS	6704 FABIANO ST	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	T	<input type="checkbox"/> Delete
NAME	WILLIAMS, ALBERT D	
STREET ADDRESS	17 ST REGIS DR	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAZELWOOD, CHARLES II	
STREET ADDRESS	1430 ACORN LANE	
CITY-ST-ZIP	PENSACOLA FL 32514	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
CITY-ST-ZIP	
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	
CITY-ST-ZIP	
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:

John M. Williamson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN M. WILLIAMSON

Date

Daytime Phone #

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90018 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)