

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90137 018 ****61.25

DOCUMENT # 720085

1. Entity Name
NEW HOME MISSIONARY BAPTIST CHURCH OF PERRY, FLO

Principal Place of Business 405 E. HAMPTON SPRINGS AVENUE PERRY FL 32347	Mailing Address 405 E. HAMPTON SPRINGS AVENUE PERRY FL 32347
--	--



DO NOT WRITE IN THIS SPACE

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 59-1795656	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SMITH, WILLIAM TOM
 RT. 5 BOX 471-9
 PERRY FL 32347**

7. Name and Address of New Registered Agent

Name **David Sullivan**
 Street Address (P.O. Box Number is Not Acceptable)
120 Pinetree Rd.
 City **Perry** FL Zip Code **32348**

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 *David B. Sullivan* **David B. Sullivan Trustee** **2/22/01**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SMITH, WILLIAM TOM RT 5 BOX 471-9 PERRY FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete TR RATLIFF, GLENN RT 4 BX 159-C PERRY FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TR WHORTON, GLENN RT 4 BX 314-B PERRY FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T HARDEN, DAVID RT. 2, BOX 157 PERY FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S CRAFT, CAROL RT 1 BOX 1540 PERRY FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TR David Sullivan 120 Pinetree Rd. Perry, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TR E.W. Whiddon 1754 Grubbs St. Perry, FL 32347
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Carol Craft* **Carol Craft** **2/22/01** (850) **584-7441**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)