

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702485

1. Entity Name

HIGHLAND VIEW BAPTIST CHURCH, INC.

FILED

May 27, 2002 8:00 am  
Secretary of State

05-27-2002 90316 003 \*\*\*\*61.25

Principal Place of Business

Mailing Address

310 LING STREET  
PORT ST JOE FL 32456  
US

382 LING ST.  
PORT ST JOE FL 32456  
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 82

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port St. Joe, FL

4. FEI Number

59-2850857

Applied For

Not Applicable

Zip

Country

Zip

Country

32457

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

GUILLOT, WALLACE  
457 MARLIN STREET  
PORT ST JOE FL 32456

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 SD ☐ Delete  
NAME LITTLE, JAMES C.  
STREET ADDRESS 426 LING STREET  
CITY-ST-ZIP PORT ST JOE FL

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

TITLE I ☐ Delete  
NAME LITTLE, DEBRA J  
STREET ADDRESS 613 GARRISON AVE  
CITY-ST-ZIP PORT ST JOE FL

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

TITLE PD ☐ Delete  
NAME WHITFIELD, WILLOUGHBY  
STREET ADDRESS 451 BONITA ST  
CITY-ST-ZIP PORT ST JOE FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

Debra J. Little, Treasurer

Date

Daytime Phone #

4-30-02 (850) 227-1306

CR2E037 (9/01)