

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90034 019 ****61.25

DOCUMENT # 703084

1. Entity Name

CANAL POINT MISSIONARY BAPTIST CHURCH

Principal Place of Business

Mailing Address

37061 1ST ST
 CANAL POINT FL 33438

POST OFFICE BOX 235
 P.O. BOX 235
 CANAL POINT FL 33438
 US

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 **59-6537202**

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

~~BENNETT, JAMES A.
 179 CYPRESS AVENUE
 PAHOKEE FL 33476~~

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

Patrice Bahruth *Patrice Bahruth Treasurer*

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	D	<input checked="" type="checkbox"/> Delete
NAME	BENNETT, JAMES A.	
STREET ADDRESS	179 CYPRESS AVE.	
CITY-ST-ZIP	PAHOKEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAHRUTH, PATRICE	
STREET ADDRESS	5TH ST 3684 5th St	
CITY-ST-ZIP	CANAL POINT FL 33438	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLIER, TERYL	
STREET ADDRESS	308 EVERGLADES ST	
CITY-ST-ZIP	CANAL POINT FL 33438	
TITLE	James Gibson D	<input type="checkbox"/> Delete
NAME	Everglades St	
STREET ADDRESS	Canal Point, FL 33438	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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: *Patrice Bahruth* **Patrice Bahruth** 4- 361-689-0872

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)