

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90120 027 ****61.25

DOCUMENT # 703084

1. Entity Name

CANAL POINT MISSIONARY BAPTIST CHURCH

Principal Place of Business

37061 1ST ST
 CANAL POINT FL 33438

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

65-0963178

4. FEI Number

~~59-6637202~~

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENNETT, JAMES A.
179 CYPRESS AVENUE
PAHOKEE FL 33476

7. Name and Address of New Registered Agent

Name

DAVID LYONS

Street Address (P.O. Box Number is Not Acceptable)

36930 3RD STREET

City

CANAL POINT, FLORIDA

FL

Zip Code
33438

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

David Lyons
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/10/02

DATE

After September 13, 2002,
min. will be \$236.25.

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	D	<input type="checkbox"/> Delete
NAME	GIBSON, JAMES	
STREET ADDRESS	EVERGLADES ST	
CITY-ST-ZIP	CANAL POINT FL 33438	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAHRUTH, PATRICE	
STREET ADDRESS	36841 5TH STREET	
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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		

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

David Lyons **REQUIRE DAVID LYONS 9-10-02 561-924-2416**

CR2E037 (4/02)