

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91298 050 ****61.25

DOCUMENT # 712831

1. Entity Name

NORTH BAY BAPTIST CHURCH, INC.

Principal Place of Business

**1202 VIRGINIA AVENUE
 LYNN HAVEN FLA 32444**

Mailing Address

**P O BOX 1256
 LYNN HAVEN FL 32444-6056**

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

71-2831130

Applied For

Not Applicable

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

**WALSINGHAM, WILLIE E
 3405 ORCHARD ROAD
 PANAMA CITY FL 32405**

Name **JAMES A. SIMMONS**

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

408 E 5TH ST.

City **LYNN HAVEN**

FL

Zip Code **32444**

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

James A. Simmons **CEO** *James A. Simmons* **4-26-01**

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. ☐

\$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	PD	<input type="checkbox"/> Delete
NAME	WALSINGHAM, WILLIE E	
STREET ADDRESS	3405 ORCHARD RD.	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WISE, HAYES	
STREET ADDRESS	1604 CAROLINA AVE	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HENRY, CORDELL	
STREET ADDRESS	2002 DRAKE AVE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMMONS, JAMES A	
STREET ADDRESS	408 E 5TH ST	
CITY-ST-ZIP	LYNN HAVEN FL	
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	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES A. SIMMONS	
STREET ADDRESS	408 E 5TH ST.	
CITY-ST-ZIP	LYNN HAVEN, FL 32444.	
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: *James A. Simmons* **4-26-01** **850-814-4333**

CR2E037 (10/00)