

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90095 028 ***61.25

DOCUMENT # 733486

1. Entity Name

ZION HOPE PRIMITIVE BAPTIST CHURCH OF PENSACOLA,

Principal Place of Business

Mailing Address

POB 17246
 PENSACOLA FL 32522
 US

POB 17246
 PENSACOLA FL 32522-7246
 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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

C0012822



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, CLEVELAND E.
1611 EAST ANDERSON STREET
PENSACOLA FL 32503

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 NAME | D SMITH, SR, EDDIE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 7810 HERRINGTON DR. | |
| CITY-ST-ZIP | PENSACOLA FL 32534 | |
| TITLE NAME | D YATES, BERNARD C | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1025 E ANDERSON ST | |
| CITY-ST-ZIP | PENSACOLA FL 32503 | |
| TITLE NAME | T JOHNSON, CLEVELAND (TRU) | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1611 E. ANDERSON ST. | |
| CITY-ST-ZIP | PENSACOLA FL | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
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| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: _____

Cleveland Johnson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)