

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733486

1. Entity Name

ZION HOPE PRIMITIVE BAPTIST CHURCH OF PENSACOLA,
INC.

Principal Place of Business

Mailing Address

POB 17246
PENSACOLA FL 32522
US

POB 17246
PENSACOLA FL 32522
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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

Cleveland Johnson

Cleveland Johnson

1-7-02

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
NAME SMITH, SR, EDDIE
STREET ADDRESS 7810 HERRINGTON DR.
CITY-ST-ZIP PENSACOLA FL 32534

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE D
NAME YATES, BERNARD C
STREET ADDRESS 1025 E ANDERSON ST
CITY-ST-ZIP PENSACOLA FL 32503

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE T
NAME JOHNSON, CLEVELAND (TRU)
STREET ADDRESS 1611 E. ANDERSON ST.
CITY-ST-ZIP PENSACOLA FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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 #

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90095 043 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)