

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 739557**

1. Entity Name

GALILEAN BAPTIST CHURCH, INC.**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90128 015 ****61.25

Principal Place of Business

6008 JOHN PITTS RD
PANAMA CITY FL 32404

Mailing Address

C/O 9727 CREEK ST.
YOUNGSTOWN FL 32466

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

59-2389199

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

PARKER, MIKE PASTER
8931 TRACEY WAY
PANAMA CITY, FL
PANAMA CITY FL 32404

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 \$61.259. 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	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
D	OLIVER, JIMMY	3518 D STREET	PANAMA CITY, FL 0	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	GRAHAM, MARGIE	9727 CREEK STREET	YOUNGSTOWN, FL 0	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MASON, DARYL	1501 WYOMING AVE	LYNN HAVEN FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MELVIN, BILLY	6633 RASCH ROAD	PANAMA CITY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Margie Graham **MARGIE GRAHAM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-01 **850-769-6848**

Date

Daytime Phone #

CR2E037 (10/00)