

2002 UNIFORM BUSINESS REPORT (UBR)

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

0008131

DOCUMENT # N01000000122

1. Entity Name

BACK TO THE BIBLE HOLINESS CHURCH, INC.

05-16-2002 90077 043 ****70.00

Principal Place of Business

Mailing Address

**2752 GODWIN LN
 PENSACOLA FL 32526**

**2752 GODWIN LN
 PENSACOLA FL 32526**

2. Principal Place of Business

11 Williams Ditch Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cantonment, FL

City & State

Zip

32533

Country

Escambia

Zip

Country

4. FEI Number

59-3692017

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROBINSON, CLARENCE
 2752 GODWIN LN
 PENSACOLA FL 32526**

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	ROBINSON, CLARENCE	2752 GODWIN LN	PENSACOLA FL 32526	<input type="checkbox"/>
D	ATKINS, SHARON D	2752 GODWIN LN	PENSACOLA FL 32526	<input type="checkbox"/>
D	ROBINSON, FRED A J	2752 GODWIN LN	PENSACOLA FL 32526	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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"/>	<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: **Clarence Robinson** **Clarence Robinson** 4/24/02 (850)944-4940

CR2E037 (9/01)