

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90784 021 ****61.25

0006855

DOCUMENT # N01000000122

1. Entity Name

BACK TO THE BIBLE HOLINESS CHURCH, INC.



Principal Place of Business

**11 WILLIAMS DITCH ROAD
CANTONMENT FL 32533**

Mailing Address

**2752 GODWIN LN
PENSACOLA FL 32526**

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 **59-3692017**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



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 **CLARENCE ROBINSON**

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

5656 SHELLY ST

City **PENSACOLA**

FL

Zip Code **32526**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Clarence Robinson*

4/27/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, CLARENCE	
STREET ADDRESS	5656 SHELLY ST	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLORY, JAMES	
STREET ADDRESS	5656 SHELLY ST	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, FRED A J	
STREET ADDRESS	5656 SHELLY ST	
CITY-ST-ZIP	PENSACOLA FL 32526	
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: *Clarence Robinson*

4/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)