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

DOCUMENT # N0200000006

UNION BAPTIST ASSOCIATION INCORPORATED



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90128 042 ****61.25

Principal Pla P.O.BOX 229 QUINCY FL 3:	ce of Business 2353	Mailing Address P.O.BOX 229 QUINCY FL 32353					
2. Principal	Place of Business	3. Mailing Address	<u> </u>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 50-	4. FEI Number 59-3199818		pplied For
Zip	Country	Zip	Country			\$8.75 Ac	lot Applicable
	6. Name and Address of Curren	t Registered Agent		5. Certificate of Sta		ee Requir	
_			Name	7. Name and Addr	ess of New Registered A	gent	
RICHMOND, HAROLD S 227 E JEFFERSON ST			Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
QUINCY	FL 32351				· · · · · · · · · · · · · · · · · · ·		10
	e named entity submits this statement f		City		FL	Zip Cod	
	Signature, typed or printed name of registered agen	nt and title if applicable. (NOT	E: Registered Agent signature req	ruired when reinstation)	DATE		
. .	EU E NOW, FEE TO dod on					Davabla	
	FILE NOW: FEE S \$61.25	9. Election Ca	mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Florida Departi		
ু 10.	OFFICERS AND DI	9. Election Ca Trust Fund (mpaign Financing	\$5.00 May Be Added to Fees	Make Check	ment of	State
O. IITLE NAME STREET ADDRESS		9. Election Ca Trust Fund (mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Florida Departi	ment of	State
	OFFICERS AND DI DM HARVEY, JAMES E P.O.BOX 861	9. Election Ca Trust Fund (mpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Check Florida Departi S TO OFFICERS AND DIRI	ment of	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE LIAME	OFFICERS AND DI DM HARVEY, JAMES E P.O.BOX 861 HAYANA FL 32333 DS BUTLER, EDWARD J P.O.BOX 903	9. Election Ca Trust Fund (IRECTORS	mpaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Check Florida Departi S TO OFFICERS AND DIRI	ment of SECTORS IN ☐ Change	State 110
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of the corporation or the receiper 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 chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

(850) 875-8659