

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90140 005 ****61.25

DOCUMENT # N02093

1. Entity Name

LITTLE BETHEL MISSIONARY BAPTIST CHURCH NR.2, IN

Principal Place of Business

Mailing Address

% WARREN L. TAYLOR
 1904 WINNER CIRCLE
 CANTONMENT FL 32533-0973

POST OFFICE BOX 973
 CANTONMENT FL 32533-0973

2. Principal Place of Business

916 BOOKER STREET

3. Mailing Address

POST OFFICE BOX 178

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 CANTONMENT, FLORIDA

City & State
 CANTONMENT, FLORIDA

4. FEI Number
 59-2410043

Applied For
 Not Applicable

Zip Country
 32533 ESCAMBIA

Zip Country
 32533-0178 ESCAMBIA

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

TAYLOR, WARREN L
 1904 WINNERS CIRCLE
 CANTONMENT FL 32533

Name
 HENRY L. ARNOLD

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

4551 TERRASANTA

City PENSACOLA, FL Zip Code 32504-7873

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 *Henry L. Arnold*
 HENRY L. ARNOLD - D

01/21/2001

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 NAME STREET ADDRESS CITY-ST-ZIP	DT BELTON, BENNIE N 303 HICKS STREET CANTONMENT FL 32533	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLOYD, JAMES E 3 QUARTERS RD CANTONMENT FL 32533	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PERDUE, JOHN H 210 ELLINGTON STREET CANTONMENT FL 32533	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WARREN L. TAYLOR 1904 WINNERS CIRCLE CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS PETTWAY, JR 6890 DATA STREET PENSACOLA, FL 32524	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL L. HAWKINS 8260 SEDGEFIELD DRIVE PENSACOLA, FL 32507	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLA E. TAYLOR 1904 WINNERS CIRCLE CANTONMENT, FL 32533	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEROME KNIGHT 505 EAST MORENO STREET PENSACOLA, FL 32503	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NATHANIEL WEATHERS 2414 NORTH "L" STREET PENSACOLA, FL 32501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Warren L. Taylor*
 WARREN L. TAYLOR
 SIGNATURE REQUIRED

01/21/2001 850-968-5603

Date Daytime Phone #

CR2E037 (10/00)