

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020901

**DOCUMENT # N05953**  
 1. Entity Name  
**FIRST MISSIONARY BAPTIST CHURCH OF BELL, FLA. INC.**

**FILED**  
 01 FEB 16 PM 12:05  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 HIGHWAY 129, MAIN ST HIGHWAY 129, MAIN ST  
 P.O. BOX 340 P.O. BOX 340  
 BELL FL 32619 BELL FL 32619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
 1039 Main St  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 P.O. Box 340  
 City & State City & State  
 Bell FL  
 Zip Country Zip Country  
 32619 Gilchrist

4. FEI Number NOT APPLICABLE Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LANGSTON, LARRY  
 3209 S US HWY 129  
 BELL FL 32619

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	STD SANDERS, MARVIN <input type="checkbox"/> Delete HIGHWAY 129 S. BELL FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YELVINGTON, JAMES R. <input type="checkbox"/> Delete RT 1 BOX 57E, HWY 129 S BELL FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPEARS, WILLIE, JR. <input type="checkbox"/> Delete 3650 NW 52 PL BELL FL 32619
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 \*\*\*\*\*61.25 \*\*\*\*\*61.25

**T. LEWIS FEB 16 2001**

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:** *James R. Yelvington* **SIGNATURE REQUIRED** 020401 352-463-6274  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)