

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

**FILED**  
**Jul 11, 2003 8:00 am**  
**Secretary of State**

07-11-2003 90053 040 \*\*\*\*61.25

0002850

**DOCUMENT # N27087**

1. Entity Name

**METROPOLITAN BAPTIST CHURCH, INC.**



Principal Place of Business

%JULIAN A. HARRIS, JR.  
P.O. BOX 2807  
PENSACOLA FL 32513

Mailing Address

%JULIAN A. HARRIS, JR.  
P.O. BOX 2807  
PENSACOLA FL 32513

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 **59-2963297**

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

7. Name and Address of New Registered Agent

HARRIS, JULIAN A.  
2090 N. PALAFAX ST.  
PENSACOLA FL 32501

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

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**  
**After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	GULLEY, SAMUEL	
STREET ADDRESS	6040 TOULOUSE DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOUNT, THALIA R	
STREET ADDRESS	7537 SOUTHPOINTE PLACE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, ERMA L	
STREET ADDRESS	403 FAIRFAX DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, LILLIE	
STREET ADDRESS	2301 W MICHIGAN AVE #39	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JENKINS, GRACIE E	
STREET ADDRESS	6191 RINGOLD CIRCLE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ZULA M.	
STREET ADDRESS	1241 W. LLOYD ST.	
CITY-ST-ZIP	PENSACOLA FL	

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	
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	
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:** *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-03

950-433-2010 or 432-4335

Date

Daytime Phone #

CR2E037 (4/03)