

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37082

1. Entity Name

ST. LUKE MISSIONARY BAPTIST CHURCH OF PANAMA CIT

Principal Place of Business

**1500 FOUNTAIN AVENUE
PANAMA CITY FL 32405-3138**

Mailing Address

**1500 FOUNTAIN AVENUE
PANAMA CITY FL 32405-3138**

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

59-2176293

Applied For

Not Applicable

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

**NEWELL, WILLIAM H. JR.
1517 FRIENDSHIP AVENUE
PANAMA CITY FL 32405**

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

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	D WILSON, JAMES E 1216 LOUISIANA AVE. LYNN HAVEN FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDUFFY, HENRY L 6913 ROSS DR CALLAWAY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, RONNIE H. 601 DAVID AVE SPRINGFIELD FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLINGER, WALTER J. 2007 W. 16TH ST PANAMA CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C NEWELL, WILLIAM H. JR 1517 FRIENDSHIP AVE. PANAMA CITY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: *William H. Newell Jr.*
WILLIAM H. NEWELL, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/00

Date

850-234-4811

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90283 026 ****61.25