

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90046 042 \*\*\*\*70.00

**DOCUMENT # N94000001574**

1. Entity Name

**NEW SAINT PAUL MISSIONARY BAPTIST CHURCH INC.**

Principal Place of Business

Mailing Address

25213 N.W. 8TH AVE  
 NEWBERRY FL 32669  
 US

P O BOX 1512  
 NEWBERRY FL 32669-1512  
 US

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

26-5548555

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, ARTHUR J PASTOR  
 25118 NW 4TH AVE  
 NEWBERRY FL 32669

Name *SR. Welch, Charles*  
 Street Address (P.O. Box Number is Not Acceptable)

*19919 N.W. 75th ST.*

City *Alachua, FL* Zip Code *32615*

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 *Charles Welch Sr.*

*4-23-2000*

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  Delete  
 NAME PP LEE, ARTHUR J  
 STREET ADDRESS 25118 N.W. 4TH AVE  
 CITY-ST-ZIP NEWBERRY FL

TITLE  Change  Addition  
 NAME PP Welch, Charles  
 STREET ADDRESS 19919 Nw 75th St.  
 CITY-ST-ZIP Alachua, Florida 32615

TITLE  Delete  
 NAME T WEST, JANIE  
 STREET ADDRESS 25008 N.W. 5TH AVE  
 CITY-ST-ZIP NEWBERRY FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME TR SIMPSON, JERSEY  
 STREET ADDRESS S.W. 79TH AVE  
 CITY-ST-ZIP ARCHER FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME TRS ALLEN, CATHERINE  
 STREET ADDRESS 25228 N.W. 6TH AVE  
 CITY-ST-ZIP NEWBERRY FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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: *Arthur J. Lee*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/24/00* (352) 472 2419 Home  
 " 955 5505 WK  
 Date Daytime Phone #

CR2E037 (9/99)