

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001574

1. Entity Name

NEW SAINT PAUL MISSIONARY BAPTIST CHURCH INC.

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

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

Principal Place of Business 25213 N.W. 8TH AVE NEWBERRY FL 32669 US	Mailing Address 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



DO NOT WRITE IN THIS SPACE

4. FEI Number 26-5548555	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent LEE, ARTHUR J PASTOR 25118 NW 4TH AVE NEWBERRY FL 32669		7. Name and Address of New Registered Agent Name Mr. 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 NAME STREET ADDRESS CITY-ST-ZIP	PP LEE, ARTHUR J 25118 N.W. 4TH AVE NEWBERRY FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Welch, Charles 19919 NW 75th ST. Alachua, Florida 32615 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEST, JANIE 25008 N.W. 5TH AVE NEWBERRY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR SIMPSON, JERSEY S.W. 79TH AVE ARCHER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRS ALLEN, CATHERINE 25228 N.W. 6TH AVE NEWBERRY FL <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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)(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: *Charles Welch Sr.* *4/24/00* (352) 472 2419 Home *955 5505 WK*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)