

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001574

1. Entity Name

NEW SAINT PAUL MISSIONARY BAPTIST CHURCH INC.

Principal Place of Business

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

Mailing Address

P O BOX 1512
NEWBERRY FL 32669
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SR WELCH, CHARLES
19919 NW 75TH ST
ALACHUA FL 32615

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

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

TITLE NAME PP
WELCH, CHARLSE ☐ Delete
STREET ADDRESS 19919 NW 75TH STREET
CITY-ST-ZIP ALACHUA FL 32615

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

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

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01 (352) 472-2419(LHM)
(352) 955-5505(WK)

Date

Daytime Phone #

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90300 041 *****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 26-5548555 ☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

CR2E037 (10/00)

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