

2002 UNIFORM BUSINESS REPORT (UBR)

5/22

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-22-2002 90106 020 ****61.25

DOCUMENT # N94000001574

1. Entity Name
NEW SAINT PAUL MISSIONARY BAPTIST CHURCH INC.

Principal Place of Business Mailing Address
 25213 N.W. 8TH AVE P O BOX 1512
 NEWBERRY FL 32669 NEWBERRY FL 32669
 US 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PP	<input type="checkbox"/> Delete
NAME	WELCH, CHARLSE	
STREET ADDRESS	19919 NW 75TH STREET	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WEST, JANIE	
STREET ADDRESS	25008 N.W. 5TH AVE	
CITY-ST-ZIP	NEWBERRY FL	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	SIMPSON, JERSEY	
STREET ADDRESS	S.W. 79TH AVE	
CITY-ST-ZIP	ARCHER FL	
TITLE	TRS,T	<input type="checkbox"/> Delete
NAME	ALLEN, CATHERINE	
STREET ADDRESS	25228 N.W. 6TH AVE	
CITY-ST-ZIP	NEWBERRY FL	
TITLE	Robinson, David, T	<input type="checkbox"/> Delete
NAME	P.O. Box 87	
STREET ADDRESS	Newberry, FL 32669	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, Valeria	
STREET ADDRESS	P. O. Box 714	
CITY-ST-ZIP	Newberry, FL 32669	
TITLE	S,T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OWEN, Alice	
STREET ADDRESS	P.O. Box 714	
CITY-ST-ZIP	Newberry, FL 32669	
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: *CA [Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/14/02** Daytime Phone #: **(352) 472-2419**

CR2E037 (9/01)