

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
 NEWBERRY FL 32669
 US

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

4. FEI Number

26-5548555

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

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TR	OWEN, Valeria	P.O. Box 714	Newberry, FL 32669	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S,T	OWEN, Alice	P.O. Box 714	Newberry, FL 32669	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/02 (352) 472-2419

Date

Daytime Phone #

CR2E037 (9/01)