

2002 UNIFORM BUSINESS REPORT (UBR)

5/9/

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-09-2002 90049 029 ****61.25

DOCUMENT # N94000005897

1. Entity Name

NOMA BAPTIST CHURCH, INC.

Principal Place of Business

**KELLY AVENUE AND MAIN STREET
 NOMA FL 32452**

Mailing Address

**POST OFFICE BOX 34
 NOMA FL 32452**

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

59-2899474

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**MOORE, WILLARD
 RT 2 BOX 49
 GRACEVILLE FL 32440**

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	D	<input type="checkbox"/> Delete
NAME	BUSH, CORTEZ JR.	
STREET ADDRESS	ROUTE 2, BOX 67	
CITY-ST-ZIP	GRACEVILLE FL 32440	(DEACON)
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, SIDNEY M	
STREET ADDRESS	RT 2 BOX 184	
CITY-ST-ZIP	BONIFAY FL 32425	(DEACON)
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, WILLARD	
STREET ADDRESS	ROUTE 2, BOX 49	
CITY-ST-ZIP	GRACEVILLE FL 32440	(DEACON)
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSON, HUIE JR	
STREET ADDRESS	5003 HEISLER RD	
CITY-ST-ZIP	GRACEVILLE FL 32440	(DEACON)
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<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		
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	Johnny M. SAWYER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1071 Hwy 173	
CITY-ST-ZIP	GRACEVILLE, FL 32440	(DEACON)
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: WILLARD A. MOORE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 850-263-3468
 Date Daytime Phone #

CR2E037 (9/01)