

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002420

1. Entity Name

ARNOLD & ADWINA BAPTISTE MINISTRIES, INC.

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90124 003 ****61.25

Principal Place of Business

5103 COCHITA DRIVE
ORLANDO FL 32808

Mailing Address

5103 COCHITA DRIVE
ORLANDO FL 32808

2. Principal Place of Business

2001 OLD ST. AUGUSTINE RD

3. Mailing Address

2001 OLD ST. AUGUSTINE RD

Suite, Apt. #, etc.

APT J-204

Suite, Apt. #, etc.

APT J-204

City & State

TALLAHASSEE, FL.

City & State

TALLAHASSEE, FL.

Zip

32301

Country

LEON

Zip

32301

Country

LEON

4. FEI Number

59-3321744

Applied For

Not Applicable

5. Certificate of Status Desired ☒ ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAPTISTE, ADWINA
5103 COCHITA DRIVE
ORLANDO FL 32808

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

ARNOLD BAPTISTE

[Signature]

5/1/02

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	D	<input type="checkbox"/> Delete
NAME	BAPTISTE, ADWINA	
STREET ADDRESS	5103 COCHITA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAPTISTE, ARNOLD	
STREET ADDRESS	5103 COCHITA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCNEALY, L	
STREET ADDRESS	3435 S ORANGE AVE, APT 117D	
CITY-ST-ZIP	ORLANDO FL 32806	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAPTISTE, ADWINA	
STREET ADDRESS	2001 OLD ST. AUGUSTINE RD (J-204)	
CITY-ST-ZIP	TALLAHASSEE, FL. 32301	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAPTISTE, ARNOLD	
STREET ADDRESS	2001 OLD ST. AUGUSTINE RD (J-204)	
CITY-ST-ZIP	TALLAHASSEE, FL. 32301	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAPTISTE, ALICIA	
STREET ADDRESS	2001 OLD ST. AUGUSTINE RD (J-204)	
CITY-ST-ZIP	TALLAHASSEE, FL. 32301	
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		

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:

ARNOLD BAPTISTE

5/1/02

(850) 877-5707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)