

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004511

1. Entity Name

HOLY LIGHT MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

WAYNE GREGORY RD.  
HWY. 12 WEST  
HAVANA FL 32333

Mailing Address

P.O. BOX 861  
HAVANA FL 32333

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

59-3318542

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

HARVEY, JAMES E  
RT. 2 BOX 31-A  
MONTICELLO FL 32344

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 TCD  
NAME SMITH, CECIL L ☒ Delete  
STREET ADDRESS 4264 CARNWATH DR.  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE TCD  
NAME Smith, CORA A. ☒ Change ☐ Addition  
STREET ADDRESS 4264 Carnwath Dr  
CITY-ST-ZIP Tallahassee, FL 32303

TITLE TD  
NAME GADSON, BERNICE ☐ Delete  
STREET ADDRESS RTE. 5 BOX 131 N/A  
CITY-ST-ZIP HAVANA FL 32333

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

TITLE D  
NAME HARVEY, JAMES E ☐ Delete  
STREET ADDRESS RT. 2 BOX 31-A N/A  
CITY-ST-ZIP MONTICELLO FL 32344

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

TITLE FS  
NAME HOUSTON, ROSIE ☐ Delete  
STREET ADDRESS 2712-A VIA MILANO AVENUE  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME Bush, Chester Jr ☐ Change ☒ Addition  
STREET ADDRESS 131 May Nursery Rd  
CITY-ST-ZIP Havana, FL 32333

TITLE  
NAME ☐ Delete  
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:

*James E. Harvey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 08, 2002 8:00 am  
Secretary of State

05-08-2002 90149 003 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

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