

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002388

Entity Name

ST. PAUL MISSIONARY BAPTIST CHURCH OF MILLVIEW,
INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90094 041 *****61.25

Principal Place of Business Mailing Address
10 N. BLUE ANGEL PKWY. 1340 N. BLUE ANGEL PKWY.
PENSACOLA FL 32506 PENSACOLA FL 32506

Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDERS, WILLIE J SR
20 COLEMAN ROAD
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SANDERS, WILLIE J SR	
STREET ADDRESS	20 COLEMAN ROAD	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SMITH, JONATHAN	
STREET ADDRESS	311 BAYOAKS DR.	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	S	<input type="checkbox"/> Delete
NAME	JOHNSON, CYNTHIA M	
STREET ADDRESS	610 RESERVATION AVE	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEORGE, VERNON L	
STREET ADDRESS	901 BARCIA DR.	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, NEHEMIAH	
STREET ADDRESS	8169 IMPERIAL DR.	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, VERNON	
STREET ADDRESS	4008 MALTESE WAY	
CITY-ST-ZIP	PENSACOLA FL 32506	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	411 Bay Oaks Dr
CITY-ST-ZIP	Pensacola, FL 32506
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	

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:

WILLIE J. SANDERS
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)