**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Jan 17, 2001 8:00 am Secretary of State DOCUMENT # N98000004159 ST. LEWIS MISSIONARY BAPTIST CHURCH, INC. 01-17-2001 90096 014 \*\*\*\*61.25 Principal Place of Business Mailing Address 12162 BREAD STREET 22300 WHITMAN ROAD BROOKSVILLE FL 34601 **BROOKSVILLE FL 34601** C0005087 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0825291 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agents -7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FLETHCER, BERNICE N 22300 WHITMAN ROAD **BROOKSVILLE FL 34601** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition TITLE ☐ Delete TITLE ☐ Change FLETCHER, ROY R NAME NAME STREET ADDRESS 22300 WHITMAN ROAD STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34601** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NEWTON, THOMAS C NAME NAME STREET ADDRESS P.O. BOX 492 STREET ADDRESS **BROOKSVILLE FL 34605** CITY-ST-ZIP -CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete FLETCHER, BERNICE N NAME NAME 22300 WHITMAN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34601** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition FRIBLEY, GEORGE NAME NAME STREET ADDRESS 27103 AUBREY AVENUE STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34602** CITY-ST-ZIP TITLE TITI F ☐ Delete ☐ Channe ☐ Addition HOWARD, PAMELA F NAME NAME STREET ADDRESS 11950 BROAD STREET STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34601** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STEPHENS, EARNESTINE NAME NAME STREET ADDRESS 22487 JACOBSON ROAD STREFT ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34601** 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