

2001 UNIFORM BUSINESS REPORT (UBR)

3/8/01

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-08-2001 90069 009 ****61.25

DOCUMENT # N99000002651

1. Entity Name

BARTH HOLINESS CHURCH, INC.

Principal Place of Business

**2525 TRUMAN AVE.
PENSACOLA FL 32505**

Mailing Address

**2525 TRUMAN AVE.
PENSACOLA FL 32505**

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

59-3673560

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

**BETTIS, CHARLES A
2525 TRUMAN AVE.
PENSACOLA FL 32505**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BETTIS, CHARLES	
STREET ADDRESS	2525 TRUMAN AVE.	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WILLIAMS, MOSE	
STREET ADDRESS	7093 WYMART RD.	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HARRIS, LOUISE	
STREET ADDRESS	2093 TUJAQUES PLACE	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BETTIS, PEARLIE	
STREET ADDRESS	2525 TRUMAN AVE.	
CITY-ST-ZIP	PENSACOLA FL 32505	
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 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	
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:

Charles Bettis **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

31931



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)