

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0002787

DOCUMENT # N99000002651

1. Entity Name
BARTH HOLINESS CHURCH, INC.



FILED

04 JAN -2 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03-04
CHECK HERE IF MAKING CHANGES

Principal Place of Business
2525 TRUMAN AVE.
PENSACOLA FL 32506

Mailing Address
2525 TRUMAN AVE.
PENSACOLA FL 32506

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
BETTIS, CHARLES A.
~~2525 TRUMAN AVE.~~
PENSACOLA FL 32506

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles A Bettis* **Charles A Bettis** **12-23-03**
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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BETTIS, CHARLES <input type="checkbox"/> Delete 2525 TRUMAN AVE. PENSACOLA FL 32506
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILLIAMS, MOSE <input type="checkbox"/> Delete 7093 WYMART RD. PENSACOLA FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete HARRIS, LOUISE 2093 TUJAQUES PLACE PENSACOLA FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete BETTIS, PEARLIE 2525 TRUMAN AVE. PENSACOLA FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300024772943 11/18/03--01004--031 **\$236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300024772943 12/26/03--01087--003 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Dana Bettis McCants 2525 Truman Ave Pensacola, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 A Bettis* **Charles A Bettis**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-0-03-850-435-9967
Date Daytime Phone #

CR2E037 (4/03)