

# 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

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



REINSTATEMENT 03-04

CHECK HERE IF MAKING CHANGES

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

Name

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

City

FL

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" 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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300024772943	
CITY-ST-ZIP	11/18/03--01004--031 **236.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300024772943	
CITY-ST-ZIP	12/26/03--01087--003 **61.25	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dana Bettis McCants	
STREET ADDRESS	2525 Truman Ave	
CITY-ST-ZIP	Pensacola, FL 32505	
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 A Bettis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-03-850-435-9967

Date

Daytime Phone #

CR2E037 (4/03)