

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90056 026 ****61.25

DOCUMENT # N99000005129

1. Entity Name

MOBILE HIGHWAY BAPTIST CHURCH, INC.

Principal Place of Business

**9721 MOBILE HWY
PENSACOLA FL 32526**

Mailing Address

**9721 MOBILE HWY
PENSACOLA FL 32526**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1737852

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GIBSON, JAMES W JR.
7227 SHELBY LANE
PENSACOLA FL 32526**

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.

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 \$61.259. 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 **D** ☐ Delete
NAME **COBB, MARY ELIZABETH**
STREET ADDRESS **6366 FRANK REEDER RD.**
CITY-ST-ZIP **PENSACOLA FL 32526**TITLE **D** ☐ Delete
NAME **SMITH, JULIE ROSSING**
STREET ADDRESS **5777 WINDEMERE TRACE**
CITY-ST-ZIP **PENSACOLA FL 32571**TITLE **D** ☐ Delete
NAME **LAWSON, CARL G JR**
STREET ADDRESS **8130 MOBILE HWY**
CITY-ST-ZIP **PENSACOLA FL 32526**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Gibson, Jr. 03/25/02 880 944 3454

Date

Daytime Phone #

CR2E037 (9/01)