

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-23-2000 90207 008 ****70.00

DOCUMENT # N99000005306

1. Entity Name

BUFORD LIPSCOMB MINISTERIAL CELL, INC.

Principal Place of Business

8600 HIGHWAY 98 WEST
 PENSACOLA FL 32506

Mailing Address

8600 HIGHWAY 98 WEST
 PENSACOLA FL 32506-8915

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3601508

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LIPSCOMB, BUFORD
 8600 HIGHWAY 98 WEST
 PENSACOLA FL 32506

See correction

7. Name and Address of New Registered Agent

Name **Buford Lipscomb** (*It was misspelled*)
 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.

(Change in Spelling of Registered Agent)

SIGNATURE

Signature, type or printed name of registered agent and title if applicable.

Buford Lipscomb

(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	<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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
NAME	President
STREET ADDRESS	Buford Lipscomb
CITY-ST-ZIP	6003 Chawdelle Cir. Pensacola, FL 32507
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Mayes
STREET ADDRESS	31086 Ruber Rd.
CITY-ST-ZIP	Orange Beach, AL 36561
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sec/Treasurer
STREET ADDRESS	Ann Lipscomb
CITY-ST-ZIP	6003 Chawdelle Cir. Pensacola, FL 32507
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00

850-453-4381

Date

Daytime Phone #

CR2E037 (9/99)