

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0063266

DOCUMENT # N99000005306

1. Entity Name

BUFORD LIPSCOMB MINISTERIAL CELL, INC.

04-02-2002 90899 050 ****61.25

Principal Place of Business 8600 HIGHWAY 98 WEST PENSACOLA FL 32506	Mailing Address 8600 HIGHWAY 98 WEST PENSACOLA FL 32506
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2221 So Blue ANOEL PKY	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State PENSACOLA FL	City & State SAME
Zip 32506	Country ESCAMBIA

4. FEI Number 59-3601508	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LIPSCOMB, BUFORD
8600 HIGHWAY 98 WEST
PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2221 SOUTH BLUE ANOEL PKWAY

City **PENSACOLA** FL Zip Code **32506**

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]* DATE: **3/25/02**

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LIPSCOMB, BUFORD 6003 CHANDELLE CIRCLE PENSACOLA FL 32507	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAYES, BOB 31086 RIVER ROAD ORANGE BEACH AL 36561	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIT LIPSCOMB, ANN 6003 CHANDELLE CIRCLE PENSACOLA FL 32507	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY - TREASURER WILLIAM M SUDRUTH 9050 CARIBBEAN DR PENSACOLA, FL 32506	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director KEN SUMRALL 4901 FOREST CREEK DR PALM BEACH, FL 32571	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director L. A. JOINER PO Box 2888 1620 SEMINOLE STANES VALDOSTA, GA 31604-2888	<input type="checkbox"/> Change <input checked="" 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: *[Signature]* DATE: **3/25/02**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (9/01)