

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715514

1. Entity Name

ST. JOHN'S MISSIONARY BAPTIST CHURCH OF TAMPA, I

**FILED**  
Feb 23, 2000 8:00 am  
**Secretary of State**

02-23-2000 90004 038 \*\*\*\*70.00

Principal Place of Business

Mailing Address

3401 25TH AVENUE  
TAMPA FL 33605

3401 25TH AVENUE  
TAMPA FL 33605-2217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1275326

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

PARKER, TONY  
2004 S. 58TH ST.  
TAMPA FL 33619

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 \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | NEWKIRK, EDDIE JR.   |                                 |
| STREET ADDRESS | 2027 16 STREET SOUTH |                                 |
| CITY-ST-ZIP    | ST. PETERSBURG FL    |                                 |
| TITLE          | C                    | <input type="checkbox"/> Delete |
| NAME           | BROWN, JOSEPH, JR.   |                                 |
| STREET ADDRESS | 3406 32ND ST.        |                                 |
| CITY-ST-ZIP    | TAMPA FL             |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | PARKER, TONY         |                                 |
| STREET ADDRESS | 2004 S. 58TH ST.     |                                 |
| CITY-ST-ZIP    | TAMPA FL             |                                 |
| TITLE          | TD                   | <input type="checkbox"/> Delete |
| NAME           | MUNGIN, ALBERT       |                                 |
| STREET ADDRESS | 4239 E. EMMA         |                                 |
| CITY-ST-ZIP    | TAMPA FL             |                                 |
| TITLE          | S                    | <input type="checkbox"/> Delete |
| NAME           | LANIER, SHIRLEY      |                                 |
| STREET ADDRESS | 3110-27TH AVE        |                                 |
| CITY-ST-ZIP    | TAMPA FL             |                                 |
| TITLE          | D                    | <input type="checkbox"/> Delete |
| NAME           | LANE, LEROY, JR.     |                                 |
| STREET ADDRESS | 4519 CHESTNUT ST     |                                 |
| CITY-ST-ZIP    | TAMPA FL             |                                 |

|                |   |
|----------------|---|
| 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    |   |
| 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    |   |
| 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:

*Shirley Lanier* **Shirley Lanier** 1/31/00 813 248-3737  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E037 (9/99)