

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2002 8:00 am
Secretary of State

08-07-2002 90172 037 ****61.25

DOCUMENT # 729030

1. Entity Name

**MT. MORIAH AFRICAN METHODIST EPISCOPAL CHURCH OF
 TARPON SPRINGS, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**C/O JOHN E. SLAUGHTER JR
 1253 PARK STREET
 CLEARWATER FL 34616-5827**

**C/O JOHN E. SLAUGHTER JR
 1253 PARK STREET
 CLEARWATER FL 34616-5827**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0113006

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SLAUGHTER, JOHN E., JR.
 1253 PARK ST.
 CLEARWATER FL 33756**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 ☐ Delete
 NAME **T**
 STREET ADDRESS **COPELAND, JOSEPH**
 CITY-ST-ZIP **817 LINCOLN AVE
 TARPON SPRINGS FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **COY, CORNEILA**
 CITY-ST-ZIP **315 E. OAKWOOD ST.
 TARPON SPRINGS FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **LASTER, FLOSSIE**
 CITY-ST-ZIP **823 LINCOLN AVE
 TARPON SPRINGS FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **AP**
 STREET ADDRESS **PERRY, DAVID REV.**
 CITY-ST-ZIP **3424 WARBLER DR.
 HOLIDAY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **HOLLINGSWORTH, HERBERT**
 CITY-ST-ZIP **417 MORGAN
 TARPON SPRINGS FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **ROBERTS, EDWARD**
 CITY-ST-ZIP **828 LINCOLN AVENUE
 TARPON SPRINGS FL 34689**

TITLE ☐ 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: R. S. Hollingsworth

8/02/02

CR2E037 (4/02)