

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90071 008 ****61.25

DOCUMENT # 732232

1. Entity Name

UNION MISSIONARY BAPTIST CHURCH OF VENICE, INC.

Principal Place of Business

Mailing Address

**404 NORTH CHURCH WARFIELD
 P.O. BOX 265
 VENICE FL 34292
 US**

**P.O. BOX 265
 LAUREL FL 34272-0265
 US**

80005343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

404 North Warfield Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2673621

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

**MOORE, ROBERT L.
 227 NOKOMIS AVENUE SOUTH
 VENICE FL**

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	P	<input type="checkbox"/> Delete
NAME	SIMS, J. C.	
STREET ADDRESS	735 CHURCH STREET	
CITY-ST-ZIP	LAUREL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REID, ISRAEL	
STREET ADDRESS	470 CYPRESS ROAD	
CITY-ST-ZIP	SOUTH VENICE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD GIPSON	
STREET ADDRESS	646 PATTON ST.	
CITY-ST-ZIP	LAUREL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWELL, CHARLES	
STREET ADDRESS	3371 ROGUE STREET	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	S	<input type="checkbox"/> Delete
NAME	MITCHELL, JAMES	
STREET ADDRESS	2881 TUSKETT AVE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MITCHELL, TONY	
STREET ADDRESS	650 CHURCH ST	
CITY-ST-ZIP	LAUREL FL 34275	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

J.C. Sims 1/12/00 1-941-488-1634
 Date Daytime Phone #