

**2001-UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90123 016 \*\*\*\*61.25

**DOCUMENT # 732232**

1. Entity Name

**UNION MISSIONARY BAPTIST CHURCH OF VENICE, INC.**

Principal Place of Business

Mailing Address

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

P.O. BOX 265  
 LAUREL FL 34272  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

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

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: \_\_\_\_\_

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**SIGNATURE REQUIRED J.C. Sims**

Date

Daytime Phone #

**1/29/01**

**1-941-488-1634**

CR2E037 (10/00)