

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90003 032 \*\*\*\*61.25

**DOCUMENT # 765867**

1. Entity Name

**MT. PISGAH A.M.E. CHURCH OF LAKE CITY, FLORIDA,**

Principal Place of Business

Mailing Address

**519 E. WASHINGTON ST.  
 LAKE CITY FL 32055  
 US**

**P.O. BOX 3153  
 LAKE CITY FL 32056**

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

**59-3025839**

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

**WILLIAMS, LOUIS, JR.  
 1493 BROADWAY STREET  
 LAKE CITY FL 32055**

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.

(NOT Registered Agent's 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 **PD**  Delete  
 NAME **CRUTHER, MARK E**  
 STREET ADDRESS **P.O. BOX 3755-519 E WASHINGTON ST.**  
 CITY-ST-ZIP **LAKE CITY FL 32056**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **MULDROW, GEORGIA A.**  
 STREET ADDRESS **272 DERBY STREET**  
 CITY-ST-ZIP **LAKE CITY FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **BELVIN, ENONDRUS**  
 STREET ADDRESS **RT 6, BOX 520E-3**  
 CITY-ST-ZIP **LAKE CITY FL**

TITLE **TL**  Change  Addition  
 NAME **Anthony, Sharon**  
 STREET ADDRESS **Rte. 7 Box 475**  
 CITY-ST-ZIP **Lake City, FL.**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
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 CITY-ST-ZIP

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: *Georgia Muldrow* **Georgia Muldrow** 5/1/01 904 752-0108

CR2E037 (10/00)