

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90858 036 ****61.25

DOCUMENT # 765867

1. Entity Name

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

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



DO NOT WRITE IN THIS SPACE

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.

(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 PD Delete
 NAME CRUTHER, MARK E
 STREET ADDRESS P.O. BOX 3755 519 E WASHINGTON ST.
 CITY-ST-ZIP LAKE CITY FL 32056

TITLE PD Change Addition
 NAME CRUTCHER, MARK E.
 STREET ADDRESS ROUTE 22, BOX 2334
 CITY-ST-ZIP LAKE CITY, FLORIDA 32024

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 ANTHONY, SHARON
 STREET ADDRESS ST 7 BOX 475
 CITY-ST-ZIP LAKE CITY FL

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
 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

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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/02

386-752-1830

Date Daytime Phone #

CP2E037 (9/01)