

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

0063634

05-02-2003 90368 019 ****61.25

DOCUMENT # 765867

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

345 N.E. Washington St.

3. Mailing Address

Suite, Apt. #, etc.

City & State
Lake City, Florida

City & State

4. FEI Number **59-3025839**

Applied For
Not Applicable

Zip
32055

Country
US

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRUTHER, MARK E	
STREET ADDRESS	ROUTE 22, BOX 2334	
CITY-ST-ZIP	LAKE CITY FL 32034	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MULDROW, GEORGIA A.	
STREET ADDRESS	272 DERBY STREET	
CITY-ST-ZIP	LAKE CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANTHONY, SHARON	
STREET ADDRESS	ST 7 BOX 475	
CITY-ST-ZIP	LAKE CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: Georgia A. Muldrow

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

(386)752-1830

Daytime Phone #

CR2E037 (10/02)