FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2001 8:00 am Secretary of State DOCUMENT # N9600001536 1. Entity Name ST. MARY MISSIONARY BAPTIST CHURCH OF TAMPA, INC 01-16-2001 90072 029 ****61.25 Mailing Address Principal Place of Business 3910 LAUREL STREET 3910 LAUREL STREET **TAMPA FL 33607 TAMPA FL 33607** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable \$8:75 Additional Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) **BOWERS, WALLACE Z REV** 3910 LAUREL STREET **TAMPA FL 33607** Zip Code City 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 Fiorida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition 🔀 Delete TITLE Change TITLE NAME WILSON, ROBERT STREET ADDRESS STREET ADORESS C/O 3924 LAUREL STREET CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Addition ☐ Change SD ☐ Delete TITLE NAME NAME REDDIN, LAFRAN SISTER STREET ADDRESS STREET ADDRESS C/O 3924 LAUREL STREET CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33607 Addition TITLE Delete ALVIN WALKEL TITLE NAME 3910 W. LAWKEL ST WALKER, ALVIN STREET ADDRESS STREET ADDRESS 3910 LAUREL STREET CITY-ST-ZIP TAMPA FL 33607 CITY-ST-ZIP TAMPA FL 33607 Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS TAMPA FL 33607 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE PAUL Kease NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 33607 CITY-ST-ZIP TAMPA FL 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

1-07-01

813-872-625

Daytime Phone #