

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002492

1. Entity Name

FIRST MISSIONARY BAPTIST CHURCH OF HIGHLAND PINE

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90022 006 ****70.00

Principal Place of Business

4711 E 21ST AVE
TAMPA FL 33605
US

Mailing Address

P O BOX 11906
TAMPA FL 33680-1906
US

80017995

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

59-3380052

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

CARTER, FRANK L
4711 E 21ST AVE
TAMPA FL 33605

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CARTER, FRANK L
CITY-ST-ZIP 4711 E 21ST AVE
TAMPA FL 33605

TITLE ☐ Delete
NAME D
STREET ADDRESS LEWIS, WILLIE L
CITY-ST-ZIP 4711 E 21ST AVE
TAMPA FL 33605

TITLE ☒ Delete
NAME D
STREET ADDRESS MCMILLAN, JAMES
CITY-ST-ZIP 4711 E 21ST AVE
TAMPA FL 33605

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Add
NAME *Pastor*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Add
NAME *Treasurer*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Add
NAME *Trustee*
STREET ADDRESS *Frank Carter, Jr.*
CITY-ST-ZIP *4711 E. 21st Ave*
Tampa, FL 33605

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

2/4/00 (83) 238035