

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90118 048 ****61.25

DOCUMENT # N97000000318

1. Entity Name

BRETHRENS MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

2139 WEST 39TH STREET
 JACKSONVILLE FL 32209

Mailing Address

2139 WEST 39TH STREET
 JACKSONVILLE FL 32209

80136240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10841 Biscayne BLVD

Suite, Apt. #, etc.

3. Mailing Address

10841 Biscayne BLVD

Suite, Apt. #, etc.

City & State

Jax, FL

City & State

Jax, FL

4. FEI Number

59-3434258

Applied For

Not Applicable

Zip
 32218

Country
 Duval

Zip
 32218

Country
 Duval

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE, ROLAND
 2139 WEST 39TH STREET
 JACKSONVILLE FL 32209

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

Roland Lawrence

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/3/02

DATE

After September 13, 2002,
 min. will be \$236.25.

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	D	<input type="checkbox"/> Delete
NAME	LAWRENCE, ROLAND	
STREET ADDRESS	2439 WEST SPIREA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAWRENCE, DIANA	
STREET ADDRESS	1358 HIGH PLAIN DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAWRENCE, JACQUELYN	
STREET ADDRESS	2139 WEST 39TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LAWRENCE, LOUISE	
STREET ADDRESS	2439 SPIREA STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/> Delete
NAME	Eddie Lawrence	Addition
STREET ADDRESS	2439 Spirea ST	
CITY-ST-ZIP	Jax, FL 32209	
TITLE	D	<input type="checkbox"/> Delete
NAME	Tony Neal, JR.	Addition
STREET ADDRESS	1000 Waxwing ST	
CITY-ST-ZIP	Jax, FL 32208	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ella Mae Neal	
STREET ADDRESS	1000 Waxwing ST	
CITY-ST-ZIP	Jax, FL 32208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Roland Lawrence **REQUIRED**

9/3/02

CR2E037 (4/02)