

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90086 016 \*\*\*\*61.25

**DOCUMENT # N98000002173**

1. Entity Name  
**CHIEF CORNERSTONE MISSIONARY BAPTIST CHURCH, INC**

Principal Place of Business      Mailing Address  
**3125 SOUTH MAIN STREET      3125 SOUTH MAIN STREET**  
**MELBOURNE FL 32901      MELBOURNE FL 32901**

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 **59-3280524**      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**

**WALKER, GEORGE**  
**2408 LIPSCOMB ST**  
**MELBOURNE FL 32901**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, GEORGE</b>	
STREET ADDRESS	<b>2408 LIPSCOMB ST</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>KEY, BETTYE</b>	
STREET ADDRESS	<b>3319 HENRY STREET</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MC GOWAN, QUEEN</b>	
STREET ADDRESS	<b>811 DUTCH CT SE</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32909</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>PRYCE, VINCENT</b>	
STREET ADDRESS	<b>1280 N E MASCOT ST</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32905</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> Delete
NAME	<b>EDWARDS, ESTELLA</b>	
STREET ADDRESS	<b>1739 N E BARKER ST</b>	
CITY-ST-ZIP	<b>PALM BAY FL 32907</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHAMBERS, FRANKI</b>	
STREET ADDRESS	<b>815 E DAVIS ST</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32901</b>	

**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
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		
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: **SIGNATURE REQUIRED VINCENT PRYCE**      4-21-02      (321) 725-8246

CR2E037 (9/01)