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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000229 (2)

1. Corporation Name

GREATER UNION MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

249 NW 9TH AVE
SOUTH BAY FL

Mailing Address

P O BOX 784
SOUTH BAY FL 33493-0784

3. Date Incorporated or Qualified

01/10/1996

3a. Date of Last Report

Applied For

☒ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REESE, CHARLIE E
12060 ORANGE GROVE BLVD
ROYAL PALM BEACH FL 33411

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: CHARLIE E REESE, PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME REESE, CHARLIE
STREET ADDRESS 12060 ORANGE GROVE BLVD
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

1.1 TITLE

DT

☐ Change

☒ Addition

NAME REESE, CHARLIE
STREET ADDRESS 12060 ORANGE GROVE BLVD
CITY-ST-ZIP ROYAL PALM BEACH FL 33411

1.2 NAME

HARTLEY, Josephine
P.O. Box 171 C 4403 Jimmie Lou Ct.
SOUTH BAY, FL 33493

☐ Change

☒ Addition

TITLE DV ☒ DELETE

NAME SPEARMAN, JIMMIE
STREET ADDRESS 271 NW 9TH AVE
CITY-ST-ZIP SOUTH BAY FL 33493

2.1 TITLE

DS

☐ Change

☒ Addition

NAME SPEARMAN, JIMMIE
STREET ADDRESS 271 NW 9TH AVE
CITY-ST-ZIP SOUTH BAY FL 33493

2.2 NAME

Brockman, Katherine
1030 Martin L. King Boulevard
SOUTH BAY, FL 33493

☐ Change

☒ Addition

TITLE DS ☒ DELETE

NAME MCCATHY, ROBERTA
STREET ADDRESS 255 SW 7TH AVE
CITY-ST-ZIP SOUTH BAY FL 33493

3.1 TITLE

D

☐ Change

☒ Addition

NAME MCCATHY, ROBERTA
STREET ADDRESS 255 SW 7TH AVE
CITY-ST-ZIP SOUTH BAY FL 33493

3.2 NAME

Brown, Susie
P.O. Box 217 C 202 N.W. 9th Ave
SOUTH BAY, FL 33493

☐ Change

☒ Addition

TITLE D ☐ DELETE

NAME BROCKMAN, JOHN
STREET ADDRESS 1030 MARTIN L KING BLVD
CITY-ST-ZIP SOUTH BAY FL 33493

4.1 TITLE

D

☐ Change

☒ Addition

NAME BROCKMAN, JOHN
STREET ADDRESS 1030 MARTIN L KING BLVD
CITY-ST-ZIP SOUTH BAY FL 33493

4.2 NAME

Dixon, OLA
160 N.W. 6th Avenue
SOUTH BAY, FL 33493

☐ Change

☒ Addition

TITLE DV ☐ DELETE

NAME HASLEM, WILLIE
STREET ADDRESS 302 B S SHORE VILLAGE
CITY-ST-ZIP CLEWISTON FL 33440

5.1 TITLE

D

☐ Change

☒ Addition

NAME HASLEM, WILLIE
STREET ADDRESS 302 B S SHORE VILLAGE
CITY-ST-ZIP CLEWISTON FL 33440

5.2 NAME

1

☐ Change

☒ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ Change

☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CHARLIE E REESE

2/11/97 (561) 770-7566

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0045191

CR2E037 (9/96)