

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90114 047 \*\*\*\*70.00

**DOCUMENT # N94000003755**

1. Entity Name

**MOUNT OLIVE MISSIONARY BAPTIST CHURCH OF CRYSTAL**

Principal Place of Business

428 NE 3RD AVE  
 CRYSTAL RIVER FL 34428

Mailing Address

2931 S. CAUTHEN PT  
 LECANTO FL 34461-9581

2. Principal Place of Business

428 NE 3rd Avenue

3. Mailing Address

5601 West Alameda Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crystal River, FL 34428

City & State

Crystal River, FL 34429

4. FEI Number

59-6568848

Applied For

Not Applicable

Zip  
 34428

Country  
 USA

Zip  
 34429

Country  
 USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

JOYNER, DOUGLAS J SR  
 2931 S. CAUTHEN PT.  
 LECANTO FL 34461

7. Name and Address of New Registered Agent

Name **BROOKS, KENNETH (SR.)**

Street Address (P.O. Box Number is Not Acceptable)  
 5601 West Alameda Lane

City **Crystal River, FL** Zip Code **34429**

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 Kenneth Brooks, Sr. (Chairman of Board of Trustees) April 27, 2000  
 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 NAME STREET ADDRESS CITY-ST-ZIP	TR NELSON, WILLIE 1154 NE 1ST STREET CRYSTAL RIVER FL 34429	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BROOKS, KENNETH SR 5601 W ALAMEDA LN CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR ATKINS-JOYNER, ROSSIE 2931 CAUTHEN PT LECANTO FL 34461	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR JOYNER, DOUGLAS SR 2931 S CAUTHEN PT LECANTO FL 34461	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR EDWARDS, OCIE 1400 N DUNKENFIELD AVE CRYSTAL RIVER FL 34429	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Biddle, Lillie M. Post Office Box 1261 (926 NE 3rd ST Crystal River, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Council, Alphonso 745 NE 5th Terrace Crystal River, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hill, Leroy 3 Carnation Court E Homosassa, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Whaley, Willard 822 NE First Street Crystal River, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kenneth Brooks, Sr. 04/27/00 (352) 795-6151  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #