

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90298 013 \*\*\*\*61.25

**DOCUMENT # N16501**

1. Entity Name

**MOUNT PLEASANT MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

11591 S.W. 220 ST.  
 GOULDS FL 33170

11591 S.W. 220 ST.  
 GOULDS FL 33170

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

**59-2131540**

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

**WISE, J.C.,**  
**11591 S.W. 220 ST.**  
**GOULDS FL 33170**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DC**  Delete  
 NAME **WISE, JAMES C.**  
 STREET ADDRESS **11515 S.W. 220 ST.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **PITTMAN, RUFUS**  
 STREET ADDRESS **8590 SW 12TH ST #212**  
 CITY-ST-ZIP **MIAMI FL 33189**

TITLE **D**  Change  Addition  
 NAME **CROCKAM, JAMES**  
 STREET ADDRESS **10780 S. W. 220TH STREET**  
 CITY-ST-ZIP **MIAMI, FL 33170**

TITLE **D**  Delete  
 NAME **JONES, BENJAMIN A.**  
 STREET ADDRESS **14800 PIERCE ST.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **D**  Change  Addition  
 NAME **AKINS, DAISY**  
 STREET ADDRESS **19801 S.W. 110 CT. APTL517**  
 CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **D**  Delete  
 NAME **POOLE, WILLIE MAE**  
 STREET ADDRESS **11520 S.W. 139 TERR.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE **D**  Change  Addition  
 NAME **DOWDELL, ELIZABETH**  
 STREET ADDRESS **22120 SW 113TH CT.**  
 CITY-ST-ZIP **GOULDS, FL 33170**

TITLE **D**  Delete  
 NAME **AKINS, DAISY**  
 STREET ADDRESS **11230 SW 175TH ST**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS**  Delete  
 NAME **POPE, WINIFRED Z.**  
 STREET ADDRESS **11730 S.W. 220 ST.**  
 CITY-ST-ZIP **GOULDS FL**

TITLE  Change  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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-01 305 253-2905  
 Date Daytime Phone #

CR2E037 (10/00)