

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16501

1. Entity Name

MOUNT PLEASANT MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

11591 S.W. 220 ST.
GOULDS FL 33170

Mailing Address

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	<input type="checkbox"/> Delete
NAME	WISE, JAMES C.	
STREET ADDRESS	11515 S.W. 220 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PITTMAN, RUFUS	
STREET ADDRESS	8590 SW 12TH ST #212	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, BENJAMIN A.	
STREET ADDRESS	14800 PIERCE ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	POOLE, WILLIE MAE	
STREET ADDRESS	11520 S.W. 139 TERR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AKINS, DAISY	
STREET ADDRESS	11230 SW 175TH ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	DS	<input type="checkbox"/> Delete
NAME	POPE, WINIFRED Z.	
STREET ADDRESS	11730 S.W. 220 ST.	
CITY-ST-ZIP	GOULDS FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROCKAM, JAMES	
STREET ADDRESS	10780 S. W. 220TH STREET	
CITY-ST-ZIP	MIAMI, FL 33170	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AKINS, DAISY	
STREET ADDRESS	19801 S.W. 110 CT. APTL517	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOWDELL, ELIZABETH	
STREET ADDRESS	22120 SW 113TH CT.	
CITY-ST-ZIP	GOULDS, FL 33170	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-21-01

305 253-2905

Date

Daytime Phone #

CR2E037 (10/00)

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

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



DO NOT WRITE IN THIS SPACE