

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000229

1. Entity 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

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

NOT APPLICABLE

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME BROCKMAN, KATHERINE
STREET ADDRESS 1030 MARTIN L. KING BLVD
CITY-ST-ZIP SOUTH BAY FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DIXON, OLA M
STREET ADDRESS 160 N.W. 6TH AVE
CITY-ST-ZIP SOUTH BAY FL 33493

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME HARTLEY, JOSEPHINE
STREET ADDRESS 440 JIMMIE LOU CT.
CITY-ST-ZIP SOUTH BAY 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 empowerments.

SIGNATURE:

CHARLIE E REESE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90119 041 ****70.00



DO NOT WRITE IN THIS SPACE