


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000000229 1. Entity Name GREATER UNION MISSIONARY BAPTIST CHURCH, INC.	
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Principal Place of Business 249 NW 9TH AVE SOUTH BAY, FL	Mailing Address P O BOX 784 SOUTH BAY, FL 33493
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01122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent REESE, CHARLIE E 12060 ORANGE GROVE BLVD ROYAL PALM BEACH, FL 33411
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REESE, CHARLIE 12060 ORANGE GROVE BLVD ROYAL PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BROCKMAN, KATHERINE 1030 MARTIN L. KING BLVD SOUTH BAY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIXON, OLA M 160 N.W. 6TH AVE SOUTH BAY, FL 33493
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT BROCKMAN, JOHN 1030 MARTIN L KING BLVD SOUTH BAY, FL 33493
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HASLEM, WILLIE 302 B S SHORE VILLAGE CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HARTLEY, JOSEPHINE 440 JIMMIE LOU CT. SOUTH BAY, FL

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01/20/04-80095-020 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Charlie E. Reese / CHARLIE E. REESE 1-14-04 (561) 7907566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #