

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

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**



01182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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	D LESTER, JAMES PO BOX 1456 BELLE GLADE, FL 33430
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 MOORE, PEARLIE M P.O. BOX 821 SOUTH BAY, FL 33493
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HARTLEY, JOSEPHINE 440 JIMMIE LOU CT. SOUTH BAY, FL

U00000795346
01/28/08-80044-018 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 exemptions contained in Chapter 119, 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:

Pearlie M. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/08

(561) 261-1094