

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90015 047 ****70.00

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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



☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE Charlie Ed Reese 1/5/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ 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 **DS** ☐ 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 **D** ☐ 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 **DT** ☐ 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 **D** ☐ 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 **DT** ☐ 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 empowered.

SIGNATURE: CHARLIE ED REESE **CHARLIE ED REESE**

1/5/03

CR2E037 (10/02)