

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90129 003 ****61.25

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-2131540**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WISE, J.C.,
11591 S.W. 220 ST.
GOULDS FL 33170**

7. Name and Address of New Registered Agent

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

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

TITLE **DC** ☐ Delete
NAME **WISE, JAMES C.**
STREET ADDRESS **11515 S.W. 220 ST.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **CROCKAM, JAMES**
STREET ADDRESS **10780 SW 220TH STREET**
CITY-ST-ZIP **MIAMI FL 33170**

TITLE **D** ☐ Delete
NAME **AKINS, DAISY**
STREET ADDRESS **19801 SW 110 CT APTL517**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Delete
NAME **POOLE, WILLIE MAE**
STREET ADDRESS **11520 S.W. 139 TERR.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **DOWDELL, ELIZABETH**
STREET ADDRESS **22120 SW 113TH CT**
CITY-ST-ZIP **GOULDS FL 33170**

TITLE **DS** ☐ Delete
NAME **POPE, WINIFRED Z.**
STREET ADDRESS **11730 S.W. 220 ST.**
CITY-ST-ZIP **GOULDS FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

2/10/03

305 258-2905

CR2E037 (10/02)