

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702930

1. Entity Name

THE GREATER MORNING STAR MISSIONARY BAPTIST CHUR

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90149 047 ****61.25

Principal Place of Business

1415 5TH AVE
 TAMPA FL 33675-1615
 US

Mailing Address

PO BOX 76615
 TAMPA FL 33675-1615
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2754198

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIS, DR CLARENCE E
 1415 5TH AVE
 TAMPA FL 33605

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 PD Delete
 NAME DAVIS, DR CLARENCE E
 STREET ADDRESS 1801 ANASTASIA WAY S
 CITY-ST-ZIP SAINT PETERSBURG FL 33712

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME GARDEN, BRIDGET
 STREET ADDRESS 2112 E. JUNENU ST.
 CITY-ST-ZIP TAMPA FL 33604

TITLE Change Addition
 NAME Wanda White
 STREET ADDRESS
 CITY-ST-ZIP TAMPA, FL 33

TITLE TD Delete
 NAME WERMS, WILMA
 STREET ADDRESS 3502 E 25TH AVE
 CITY-ST-ZIP TAMPA FL 33605

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME SWEET, WILLIE
 STREET ADDRESS 3908 LAUREL
 CITY-ST-ZIP TAMPA FL 33607

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME DC BERNARD PENNINGTON
 STREET ADDRESS 413 22 AVE S.E.
 CITY-ST-ZIP ST. PETERSBURG, FL 33705

TITLE Delete
 NAME
 STREET ADDRESS
 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-2000 (813) 240-5594

Date

Daytime Phone #

07-28-2000