

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90001 010 ****61.25

DOCUMENT # 702930

1. Entity Name

THE GREATER MORNING STAR MISSIONARY BAPTIST CHUR

Principal Place of Business

Mailing Address

1415 5TH AVE

PO BOX 76615

TAMPA FL 33675-1615
 US

TAMPA FL 33675-1615
 US

00000742



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
After September 12, 2001, min. will be \$236.25

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

TITLE NAME Change Addition
PD
Archbishop CLARENCE E. DAVIS
 STREET ADDRESS **1801 ANASTASIA WAY SO**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33712**

TITLE NAME Delete
D
WHITE, WANDA
 STREET ADDRESS **2112 E. JUNENU ST.**
 CITY-ST-ZIP **TAMPA FL 33604**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE NAME Change Addition
VD
ELDER WILLIE SWEET
 STREET ADDRESS **3908 LAUREL**
 CITY-ST-ZIP **Tampa, FL 33607**

TITLE NAME Delete
DC
PENNINGTON, BERNARD
 STREET ADDRESS **413 22ND AVE SE**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
D
FARNORIS MORGAN
 STREET ADDRESS **3611 N. 53RD ST. Apt A**
 CITY-ST-ZIP **Tampa, FL 33619**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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: CLARENCE E. DAVIS 7-11-2001 (813) 240-5594

0011782

CR2E037 (5/01)