

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90054 025 ****61.25

DOCUMENT # 707750

1. Entity Name

**MOUNT OLIVE MISSIONARY BAPTIST CHURCH OF PALMETT
O, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**507 21ST STREET EAST
PALMETTO FL 34221**

**507 21ST STREET EAST
PALMETTO FL 34221**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0912541

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

**MEISSNER, GREGORY C.
1111 3RD AVE. W.
BRADENTON FL 34205**

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 NAME	SDD SIMMONS, NATANIEL	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	212 22ND ST. E. PALMETTO FL 34221	
TITLE NAME	DD SIMMON, RICKIE L	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2317 8TH AVE. E ST BRADENTON FL 34208	
TITLE NAME	CDD LOWERY, WILLIE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1724 17TH STREET EAST PALMETTO FL 34221	
TITLE NAME	TD ROBERTS, NELSON (DEACON)	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2184 BAMMAKA WAY SARASOTA FL 34234	
TITLE NAME	D MAZON, LONNIE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1423 10TH AVE E PALMETTO FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Willie Lowery
Chairman of Deacon Board

Date

3/10/02

Daytime Phone #

991-727-6100-X2177

CR2E037 (9/01)