

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708566

1. Entity Name

SHILOH MISSIONARY BAPTIST CHURCH OF MULBERRY FLO

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90065 011 \*\*\*\*70.00

Principal Place of Business 2370 - 3RD STREET MULBERRY FL 33860	Mailing Address 2370 - 3RD STREET MULBERRY FL 33860-9408
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 05-0062424	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKS, JOHN PAUL  
 5300 SOUTH FLORIDA AVENUE  
 LAKELAND FL 33813

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, W. C. 1975 AVENUE C MULBERRY FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, LETHA 2370 - 3RD STREET MULBERRY FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, W. C. 1975 AVENUE C MULBERRY FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ROGER 2370 3RD ST. MULBERRY FL	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, WILLIE PO BOX 938 MULBERRY FL 33866	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MITCHELL, GREGORY 702 5TH ST MULBERRY FL 33860	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: Letha Williams 4/25/00  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)