

2001 UNIFORM BUSINESS REPORT (UBR)

3/2/1

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-02-2001 90056 018 ****61.25

DOCUMENT # 709448

1. Entity Name

GREATER MT. SALEM BAPTIST CHURCH, INCORPORATED,

Principal Place of Business

Mailing Address

2335 MONCRIEF ROAD
JACKSONVILLE FL 32209

2335 MONCRIEF ROAD
JACKSONVILLE FL 32209

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

05-0132408

Applied For

Not Applicable

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

BANK, CHARLES E
1836 W. 23RD ST.
JACKSONVILLE FL 32209

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	<input type="checkbox"/> Delete
NAME	BANK, CHARLES E	
STREET ADDRESS	1836 WEST 23RD ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	CD	<input type="checkbox"/> Delete
NAME	FORD, TALMADGE	
STREET ADDRESS	3126 MARLAND ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CASH, WINONA C	
STREET ADDRESS	6508 CHAMPLAIN RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALKER, JOHNNY JR.	
STREET ADDRESS	3323 MARLAND RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	BD	<input type="checkbox"/> Delete
NAME	KING, BARBARA	
STREET ADDRESS	8337 SPRING LAKE RD. NO.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Rev Charles E Banks

Charles E Banks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-01 Date 424-356-1759

CR2E037 (10/00)