

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

03-27-2002 90067 019 ****61.25

DOCUMENT # 712435

1. Entity Name

ST. MARK MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

1470 NW 87TH ST
MIAMI FL 33147

1470 NW 87TH ST
MIAMI FL 33147

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

59-2085818

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

MACK, HENRY W
6590 S.W. 13TH ST.
PLANTATION FL 33317

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	COOPER, JOHNNIE W	
STREET ADDRESS	9354 NW 25TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RAIFORD, FREDDIE	
STREET ADDRESS	8220 NW 12 COURT	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MONTGOMERY, ARZELLA	
STREET ADDRESS	1387 NW 22 AVENUE, APT. 112	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUTLEDGE, ARTHUR	
STREET ADDRESS	17845 NW 37 COURT	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pastor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Williams, Joseph F. D	
STREET ADDRESS	2030 N. W. 89th Street	
CITY-ST-ZIP	Miami, Florida 33147	
TITLE	Chairman of Deacon Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harris, Willie J. D	
STREET ADDRESS	8770 N. W. 22 Place	
CITY-ST-ZIP	Miami, Florida 33147	
TITLE	Church Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Daisy L. D	
STREET ADDRESS	17220 N. W. 11 Avenue	
CITY-ST-ZIP	Miami, Florida 33169	
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: *Joseph F. Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-14-02

Date

Daytime Phone #

CR2E037 (9/01)