2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # 712566 May 08, 2000 8:00 am 1. Entity Name Secretary of State MOUNTAIN TOP INTERNATIONAL MINISTRIES, INC. 05-08-2000 90093 032 ****61.25 Principal Place of Business Mailing Address P.O. BOX 11308 3101-2 EAST LAKE AVENUE TAMPA FL 33680-1308 **TAMPA FL 33610** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2506977 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name David A. Jones Street Address (P.O. Box Number is Not Acceptable) JONES, DAVID A 7202 EAST BANK DRIVE 6124 Weatherwood Dr. TAMPA FL 33617 Zip Code City 33544 Tampa 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 X Change **PCD** Addition TITLE ☐ Defete TITLE PCD NAME JONES, DAVID A BISHOP NAME Jones, David A. Bishop STREET ADDRESS 7202 EAST BANK DRIVE STREET ADDRESS 6124 Weatherwood Dr. CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33544 TAMPA FL 33617 Addition Change TD Delete TITLE VTD TITLE Coney, Ernest NAME NAME BUNTING, EDDY STREET ADDRESS STREET ADDRESS 7105 Whittier St. 706 SUNBRIGHT DRIVE CITY-ST-ZIP CITY-ST-ZIP FL 33617 SEFFNER FL 33584 Tampa, Change X Addition TITLE SD Delete TITLE NAME RUCKER, BARBARA Shirley A. NAME McAfee, STREET ADDRESS STREET ADDRESS P. O. Box 11308 10208 NORTH 21ST STREET Tampa, FL CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33612 Addition ☐ Change Delete TITLE TITLE MD NAME NAME MCAFEE, ALBERT Jones, David Paul STREET ADDRESS STREET ADDRESS 605 NORTH 16TH STREET 1205 E. Linebaugh Ave. CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33612** Tampa, FL 33612 ☐ Change **X**Addition TITLE Delete TITLE NAME CLARKE, CHARLES PASTOR NAME Stone, Olga STREET ADDRESS 2109 Ellicott St. Tampa, FL 33610 STREET ADDRESS 15704 PONY PLACE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33624 ☐ Change **Addition** Delete TITLE TITLE Coney, Chloe NAME WILLIAMS, THADDEUS DEACON NAME STREET ADDRESS 7105 Whittier St. STREET ADDRESS 5609 NORTH 30TH STREET CITY-ST-7IP Tampa, FL33617 CITY-ST-7IP **TAMPA FL 33610** 12. I hereby certify that the information supplied with this filling 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 accordate 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

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Additions/changes to Officers and Directors in 10

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Change

Addition

Bunting. Eddy T. 706 Sunbright Dr. Seffner, FL 33584

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Addition

Frazier, Nelia 7889 Niagra Tampa, FL 33617