

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712566

1. Entity Name

MOUNTAIN TOP INTERNATIONAL MINISTRIES, INC.

Principal Place of Business

% DAVID A. JONES
6124 WEATHERWOOD CIRCLE
TAMPA FL 33544

Mailing Address

P.O. BOX 11308
TAMPA FL 33680

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

59-2506977

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

JONES, DAVID A
6124 WEATHERSPOON DRIVE
TAMPA FL 33544

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 PCD
NAME JONES, DAVID A BISHOP
STREET ADDRESS 6124 WEATHERWOOD CIRCLE
CITY-ST-ZIP TAMPA FL 33544 ☐ Delete

TITLE VP
NAME JONES, BEVELYN
STREET ADDRESS P. O. BOX 11308
CITY-ST-ZIP TAMPA, FL 33680 ☐ Change ☒ Addition

TITLE SD
NAME MCAFFEE, SHIRLEY A
STREET ADDRESS 9605 N. 16TH STREET
CITY-ST-ZIP TAMPA FL 33612 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME STONE, OLGA
STREET ADDRESS 2109 ELLICOTT STREET
CITY-ST-ZIP TAMPA FL 33612 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BUNTING, EDDT T
STREET ADDRESS 706 SUNBRIGHT DRIVE
CITY-ST-ZIP SEFFNER FL 33584 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME FRAZIER, NELIA
STREET ADDRESS 7889 NIAGRA
CITY-ST-ZIP TAMPA FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90104 008 ****61.25



DO NOT WRITE IN THIS SPACE

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