

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90264 009 \*\*\*\*\*61.25

**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 (\*Spelling Correction)  
TAMPA FL 33544

Name **Jones, David A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**6124 Weatherwood Circle**  
**Tampa, FL**  
City **FL** Zip Code **33544**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☒ Change ☐ Addition  
NAME **Stone, Olga**  
STREET ADDRESS **2109 Ellicott Street**  
CITY-ST-ZIP **Tampa, FL 33610**

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

TITLE **TD** ☒ Change ☐ Addition  
NAME **Bunting, Eddy T.**  
STREET ADDRESS **706 Sunbright Drive**  
CITY-ST-ZIP **Seffner, FL 33584**

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

TITLE **N.P.D.** ☒ Change ☐ Addition  
NAME **Frazier, Nelia**  
STREET ADDRESS **7889 Niagara**  
CITY-ST-ZIP **Tampa, FL 33617**

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

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

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

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

TITLE **VP** ☐ Delete  
NAME **JONES, BEVELYN**  
STREET ADDRESS **P O BOX 11308**  
CITY-ST-ZIP **TAMPA FL 33680**

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

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: **David A. Jones** 4-16-03 @131248-9385

CR2E037 (10/02)