

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90018 044 ****70.00

DOCUMENT # 712906

1. Entity Name

MT. NEBO BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

% OTIS WASHINGTON
 680 NORTHWEST 33RD AVENUE
 FT. LAUDERDALE FL 33311

% OTIS WASHINGTON
 680 NORTHWEST 33RD AVENUE
 FT. LAUDERDALE FL 33311-7615

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

59-2252484

☒ Applied For
☐ Not Applied For

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

WASHINGTON, OTIS
 680 NW 33 AVE
 FT. LAUDERDALE FL

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	D	<input type="checkbox"/> Delete
NAME	THOMPSON, BOBBY	
STREET ADDRESS	2560 NW 15TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WASHINGTON, OTIS	
STREET ADDRESS	680 NW 33RD AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMUEL, MORGAN L	
STREET ADDRESS	4411 NW 34TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUMMINGS, JOHNNY	
STREET ADDRESS	415 NW 30TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMUEL, MORGAN	
STREET ADDRESS	3300 NW 30TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENSON, ROY	
STREET ADDRESS	4801 N.W. 39TH ST	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Signature of Bobby Thompson
REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 13, 2000

Date

Daytime Phone #

1-954-581-3667