

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90275 045 ****61.25

DOCUMENT # 717041

1. Entity Name

**MT. GILBOA MISSIONARY BAPTIST CHURCH OF BARTOW,
FLORIDA, INC.**



Principal Place of Business

**1205 MARTIN LUTHER KING JR. BLVD.
POST OFFICE BOX 1533
BARTOW FL 33830**

Mailing Address

**1205 MARTIN LUTHER KING JR. BLVD.
POST OFFICE BOX 1533
BARTOW FL 33830**

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 **05-0038904**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROGERS, ARCHIE JR
2335 TEE CIRCLE E
BARTOW FL 33830**

**Dr. Alvin Moore
605 Fifth Ave
Bartow, FL 33830**

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

SIGNATURE

Dr. Alvin Moore

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 **D** ☐ Delete
NAME **ROGERS, ARCHIE JR**
STREET ADDRESS **2335 TEE CIRCLE E**
CITY-ST-ZIP **BARTOW FL 33830**

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

TITLE **DCC** ☐ Delete
NAME **MAXWELL, WILLIE M**
STREET ADDRESS **920 CHILDS AVE**
CITY-ST-ZIP **BARTOW FL 33830**

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

TITLE **D** ☒ Delete
NAME **SPEED, JOHN H**
STREET ADDRESS **2365 WASHINGTON STREET**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **LPB McLinn** ☒ Change ☐ Addition
NAME **1350 Martin Luther King**
STREET ADDRESS **Bartow, FL 33830**
CITY-ST-ZIP

TITLE **DFC** ☐ Delete
NAME **STEPHENS, TIMOTHY J**
STREET ADDRESS **2375 TEE CIRCLE**
CITY-ST-ZIP **BARTOW FL 33830**

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

TITLE **CT** ☒ Delete
NAME **PRATT, JAMES O**
STREET ADDRESS **6142 DONEGAL DRIVE**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **PD** ☒ Change ☐ Addition
NAME **Dr. Alvin Moore**
STREET ADDRESS **605 Fifth Ave**
CITY-ST-ZIP **Bartow, FL 33830**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Dr. Alvin Moore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10 May 03

863-533-8529

Date Daytime Phone #

CR2E037 (10/02)