2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE;

FILED May 09, 2000 8:00 am Secretary of State **DOCUMENT #718798** 1. Entity Name MOUNT PILGRIM PRIMITIVE BAPTIST CHURCH, INC., OF 05-09-2000 90101 023 ****61 25 Principal Place of Business Mailing Address 126 9TH AVE WEST 126 9TH AVE WEST BRADENTON FL 34205-8831 **BRADENTON FLA 34205** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number __05-0022202.5 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, ROBERT 1502 17TH ST EAST **BRADENTON FL 34208** City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition CR2E037 (9/99 ☐ Change TITI F SD ☐ Delete TITLE NAME RAWLS, CHARLIES STREET ADDRESS STREET ADDRESS 1106 6TH ST W CITY-ST-ZIP CITY-ST-ZIP Bradenton Fl Change Addition □ Delete TITLE TITLE NAME Farnum, Geneva e NAME STREET ADDRESS STREET ADDRESS 2829 LEON AVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL Addition ☐ Change VD ☐ Delete TITLE TITLE NAME isimpkins, leroy NAME STREET ADDRESS STREET ADDRESS 1212 8TH ST E CITY-ST-7IP CITY-ST-ZIF BRADENTON FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME allen, Ceaser STREET ADDRESS STREET ADDRESS 520 12TH ST DRIVE CITY-ST-ZIP CITY-ST-ZIP ipalmetto <u>fl</u> Change ☐ Addition TITLE ☐ Delete NAME WILLIAMS, ROBERT NAME STREET ADDRESS STREET ADDRESS 1502 17TH ST EAST CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Daytime Phone #