2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # 718798** 1. Entity Name 04-24-2001 90237 043 ****69.96 MOUNT PILGRIM PRIMITIVE BAPTIST CHURCH, INC., OF Principal Place of Business Mailing Address 126 9TH AVE WEST 126 9TH AVE WEST **BRADENTON FL 34205-8831 BRADENTON FL 34205-8831** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 05-0022202 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Bernadd Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, ROBERT 1502 17TH ST EAST **BRADENTON FL 34208** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. SD ☐ Addition TITLE ☐ Delete TITLE Change RAWLS, CHARLIES NAME NAME STREET ADDRESS 1106 6TH ST W STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Change ☐ Addition FARNUM, GENEVA E NAME NAME STREET ADDRESS 2829 LEON AVE STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP SARASOTA FL TITLE ☐ Delete TITLE ☐ Change Addition SIMPKINS, LEROY NAME NAME STREET ADDRESS 1212 8TH ST E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALLEN, CEASER NAME NAME STREET ADDRESS 520 12TH ST DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL TITLE Delete ☐ Addition WILLIAMS, ROBERT NAME NAME STREET ADDRESS 1502 17TH ST EAST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: