

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

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90051 018 \*\*\*\*61.25

DOCUMENT # **718798** ✓

1. Entity Name

*Mount Pilgrim Primitive Baptist Church*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Charlie Rawls*

Street Address (P.O. Box Number is Not Acceptable)

*1106 6th St West*

City

*Bradenton*

FL

Zip Code

*34205*

**DO NOT WRITE  
IN THIS SPACE**

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

*Charlie Rawls*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4-18-02*

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*C/D*  
*Leroy Simpkins (Deacon)*  
*1212 8th St E*  
*Bradenton, Fla. 34205*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*M/D*  
*Clayton Allen (Deacon)*  
*1411 9th A East*  
*Palmetto, Fla. 34221*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*V/T/D*  
*Charlie Rawls (Deacon)*  
*1106 6th St West*  
*Bradenton Fla. 34205*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*S/D*  
*Akfreda Knight*  
*210 14th St W.*  
*Palmetto Fla 34221*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*P/D*  
*Ceaser Allen (Elder)*  
*520 12th St D*  
*Palmetto, Fla. 34221*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Charlie Rawls*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-18-02*

*941 747 4365*

CR2E037B (12/01)