

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90048 012 ****61.25

DOCUMENT # 727351

1. Entity Name

MT.-HERMON MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

400 S. LEVIS AVENUE
 P.O. BOX 265
 TARPON SPRINGS FL 34688
 US

400 S. LEVIS AVENUE
 P.O. BOX 265
 TARPON SPRINGS FL 34688-0265

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

59-2955629

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLE, BRADLEY
301 LEVIS AVENUE
TARPON SPRINGS FL 34689

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LANE, HERSHEL	
STREET ADDRESS	9040 LEDGESTONE LN	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLE, BRADLEY	
STREET ADDRESS	301 S. LEVIS AVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HERRING, LINDA	
STREET ADDRESS	919 HUNTER LANE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	PITTS, CLIFFORD JR	
STREET ADDRESS	644 TIMBER BAY CIRCLE W.	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, JULIUS	
STREET ADDRESS	409 BOYER ST	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Linda Herring*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/16/00**
 Daytime Phone #: **727 937-7015**

CR2E037 (9/99)