

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90450 039 ****61.25

DOCUMENT # 727351

1. Entity Name -

MT. HERMON MISSIONARY BAPTIST CHURCH, INC.

00031961



DO NOT WRITE IN THIS SPACE

Principal Place of Business 400 S. LEVIS AVENUE P.O. BOX 265 TARPON SPRINGS FL 34688 US	Mailing Address 400 S. LEVIS AVENUE P.O. BOX 265 TARPON SPRINGS FL 34688
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2955629	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

COLE, BRADLEY
301 LEVIS AVENUE
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

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

11. -ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]* **KINDA E. HERGENWA** 3/30/2001 807-937-7015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)