

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90006 007 ****61.25

0087422

DOCUMENT # 731464

1. Entity Name

RIVERVIEW HEIGHTS MISSIONARY BAPTIST CHURCH, INC

Principal Place of Business

Mailing Address

1321 E MAIN ST
P. O. BOX 581
WAUCHULA FL 33873
US

HIGHWAY 64 A EAST
P. O. BOX 581
WAUCHULA FL 33873

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

59-1794514

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRADDOCK (THOMAS C.)
HIGHWAY 64
WAUCHULA FL 33873**

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 PD
NAME BRADDOCK THOMAS C
STREET ADDRESS HWY 64 WEST
CITY-ST-ZIP WAUCHULA FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME BRADDOCK, JAMES A
STREET ADDRESS 312 PARK DRIVE
CITY-ST-ZIP WAUCHULA FL ☐ Delete

TITLE SD ☒ Change ☐ Addition
NAME Braddock James, A
STREET ADDRESS 112 Inglis Way
CITY-ST-ZIP Wauchula, FL 33873

TITLE TD
NAME SUTTON, PAUL D.
STREET ADDRESS 314 PARK DRIVE
CITY-ST-ZIP WAUCHULA FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

James A. Braddock **James A. Braddock** 3/19/2001 863 773-3344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF-25037 (10/00)