

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90860 035 ****61.25

DOCUMENT # 733065

1. Entity Name

ENTERPRISE MISSIONARY BAPTIST CHURCH OF DADE CITY, FLORIDA, INC.

Principal Place of Business

Mailing Address

11631 OLD LAKELAND RD
 DADE CITY FL 33525
 0

11631 OLD LAKELAND RD
 DADE CITY FL 33525
 0

2. Principal Place of Business

3. Mailing Address

Enterprise Missionary Bpt Church - Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11631 Old Lakeland RD.

P.O. Box 365

City & State

City & State

Dade City FL

Dade City FL

Zip

Country

Zip

Country

33525 Pasco

33525 Pasco



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2187627

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

HAYNES, DON T.
 7940 FORBES RD.
 DADE CITY, FL
 ZEPHYRHILLS FL 33540

Name

Johnny L. Mathis

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

15922 Lemack RD.

City

Dade City

FL

Zip Code

33525

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

John S. Mathis (Trustee Treasurer)

(NOTE: Registered Agent signature required when reinstating)

3/23/02

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	T	<input type="checkbox"/> Delete
NAME	WILLIS, HENRY H.	
STREET ADDRESS	13125 10TH STREET	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	OT	<input checked="" type="checkbox"/> Delete
NAME	HAYNES, DON T.	
STREET ADDRESS	7940 FORBES RD.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, DENNIS E	
STREET ADDRESS	38785 CENTENNIAL RD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILSON, J B	
STREET ADDRESS	16026 CHEIFTAIN DRIVE	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John G. Randolph	
STREET ADDRESS	1597 Vintage St.	
CITY-ST-ZIP	Kissimmee, FL 34746-4272	
TITLE	T/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnny L. Mathis	
STREET ADDRESS	15922 Lemack RD.	
CITY-ST-ZIP	Dade City FL 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

John S. Mathis (Trustee Treasurer)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/02

Date

(Home)
 1-352-521-3001

Daytime Phone #

CR2E037 (9/01)

0076991