


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90025 024 ****70.00

DOCUMENT # 741243 1. Entity Name FIRST UNION MISSIONARY BAPTIST CHURCH, INC.					
Principal Place of Business 3707 EAST CHELSEA AVENUE TAMPA, FL 33610			Mailing Address 3604 RIVER GROVE DRIVE TAMPA, FL 33610		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02112007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3008929				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, ROBERT R SR 3707 EAST CHELSEA AVENUE TAMPA, FL 33610				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKINS, WAYNE DEACON 3707 E. CHELSEA AVENUE TAMPA, FL 33610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Barnum, Deacon Robert L. 3707 E. Chelsea Street Tampa, FL 33610
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDGINS, MICHAEL DEACON 3707 E. CHELSEA AVENUE TAMPA, FL 33610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thompkins, Deacon James K. 3707 E. Chelsea Street Tampa, FL 33610
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, TOM DEACON 3707 E. CHELSEA AVENUE TAMPA, FL 33610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, ROBERT R 3604 RIVER GROVE DR. TAMPA, FL 33610
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, ROBERT R 3604 RIVER GROVE DRIVE TAMPA, FL 33610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, CRAWFORD 3707 E. CHELSEA AVENUE TAMPA, FL 33610
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Deacon Robert R. Scott, Sr. <i>Robert R. Scott Sr.</i> 3/11/07					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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