

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741243

**FILED**  
**Mar 06, 2012**  
**Secretary of State**

**Entity Name:** FIRST UNION MISSIONARY BAPTIST CHURCH, INC.

**Current Principal Place of Business:**

3707 E. CHELSEA STREET  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

3707 E. CHELSEA STREET  
TAMPA, FL 33610

**New Mailing Address:**

**FEI Number:** 59-3008929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUDGINS, SR, MICHAEL A DEACON  
3707 E. CHELSEA STREET  
TAMPA, FL 33610 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DEAC  
**Name:** BARNUM, JR., ROBERT L DEACON  
**Address:** 3707 E. CHELSEA STREET  
**City-St-Zip:** TAMPA, FL 33610

**Title:** DEAC  
**Name:** BROOKINS, WAYNE P DEACON  
**Address:** 3707 E. CHELSEA STREET  
**City-St-Zip:** TAMPA, FL 33610

**Title:** DEAC  
**Name:** SCOTT, SR, ROBERT R DEACON  
**Address:** 3707 E. CHELSEA STREET  
**City-St-Zip:** TAMPA, FL 33610

**Title:** DEAC  
**Name:** MARSHALL, TOM DEACON  
**Address:** 3707 E. CHELSEA STREET  
**City-St-Zip:** TAMPA, FL 33610

**Title:** DEAC  
**Name:** REESE, BERNARD DEACON  
**Address:** 3707 E. CHELSEA STREET  
**City-St-Zip:** TAMPA, FL 33610

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** CONNIE F. WILLIAMS

ASST

03/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date