2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744600

1. Entity Name

ST. MARK MISSIONARY BAPTIST CHURCH, INC.

FILED

00 MAR 15 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7221 SHERRILL TAMPA FL 33616	7221 SHERRILL TAMPA FL 33616-1927

DO NOT WRITE IN THIS SPACE

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 59-2921072 ☐ 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
SHEPARD, JOHN 3814 OKLAHOMA AVENUE TAMPA FL 33616	Name JIMMY MUNNS Street Address (P.O. Box Number is Not Acceptable) 3813 OKLAHOMA Ave. City TAMPA FL Zip Code 33616

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 JIMMY MUNNS 01/06/00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CTR REDDISH, TYRONE W 8103 JAD DR TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR ☑ Change ☐ Addition 000003178160--2 -03/21/00--01093--005 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR MYERS, RANDOLPH 2707 N 32ND STR TAMPA, FL 0	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTR ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR THOMAS, ROY 7312 MASCOTTE ST TAMPA, FL 0	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S REDDISH, JOYCE W 8103 JAD DR TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR TAGGETT, HENRY 7705 O'BRIEN ST TAMPA, FL 0	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LS ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TTR SMART, WILLIAM 7404 O'BRIEN ST TAMPA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR3E017(6/99)

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: Randolph Myers 01/06/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #