

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90037 028 ****61.25

DOCUMENT # 744600

1. Entity Name

ST. MARK MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**7221 SHERRILL
TAMPA FL 33616**

**7221 SHERRILL
TAMPA FL 33616**

709923



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2921072

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MUNNS, JIMMY
3813 OKLAHOMA AVENUE
TAMPA FL 33616**

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 NAME STREET ADDRESS CITY-ST-ZIP	TR REDDISH, TYRONE W 8103 JAD DR TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRT MYERS, RANDOLPH 2707 N 32ND STR TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR THOMAS, ROY 7312 MASCOTTE ST TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REDDISH, JOYCE W 8103 JAD DR TAMPA FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR TAGGETT, HENRY 7705 O'BRIEN ST TAMPA FL	☐ Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *CRS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)