

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0056387

05-17-2001 91345 019 ****70.00

DOCUMENT # N00000002193

1. Entity Name

BISHOP NAMON WILSON JR., MINISTRIES, INC.

Principal Place of Business

Mailing Address

**3205 DODGE STREET
TAMPA FL 33605**

**3205 DODGE STREET
TAMPA FL 33605**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FFI Number

59-3630119

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

Name

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

City

FL

Zip Code

**WILSON, NAMON JR.
3205 DODGE STREET
TAMPA FL 33605**

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

Namon Wilson Jr.

Namon Wilson

5/1/01

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 PD
NAME WILSON, NAMON JR.
STREET ADDRESS 3205 DODGE STREET
CITY-ST-ZIP TAMPA FL 33605 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME WATLEY, VIOLET
STREET ADDRESS 12414 N. 15TH STREET, APT. X
CITY-ST-ZIP TAMPA FL 33612 ☐ Delete

TITLE SDT
NAME WATLEY, VIOLET E
STREET ADDRESS 12414 N. 15th St. APT X
CITY-ST-ZIP TAMPA FL 33612 ☒ Change ☐ Addition

TITLE TD
NAME MULDROW, ERMA
STREET ADDRESS 12414 N. 15TH STREET, APT. X
CITY-ST-ZIP TAMPA FL 33612 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE TC
NAME Wilson, Byron
STREET ADDRESS 3205 Dodge St
CITY-ST-ZIP Tampa FL 33605 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE AC
NAME Allen, Roma D. SR.
STREET ADDRESS 1106 Gershal Ave
CITY-ST-ZIP Pittsboro, NC 28302 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VC
NAME Wilson, Valerie
STREET ADDRESS 3205 Dodge St
CITY-ST-ZIP Tampa FL 33605 ☐ 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:

Namon Wilson Jr.

5/1/01

(813) 972-1079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)