

4/19/

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

04-19-2001 90032 047 ****70.00

DOCUMENT # N00000002511

1. Entity Name

NORTH-BAY MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

P.O. BOX 311803
TAMPA FL 33610P.O. BOX 311803
TAMPA FL 33610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

4. FEI Number

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

WALKER, ALBERT J
3010 N. 45TH ST.
TAMPA FL 33605

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 *Chairman & Trustee Board*
Albert J. Walker

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	Co-Chairman Trustee Board	<input checked="" type="checkbox"/> Delete
NAME	Theodore Bradley	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Superintendent Sunday School	<input checked="" type="checkbox"/> Delete
NAME	Betty Bradley	
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Chairman, Deacon Board, D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Samuel L. McMillan	
STREET ADDRESS	1206 E. Giddens Ave.	
CITY-ST-ZIP	Tampa, FL 33603	

TITLE	Financial Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dianna McMillan, D	
STREET ADDRESS	1206 E. Giddens Ave.	
CITY-ST-ZIP	Tampa, FL 33603	

TITLE	Chairman, Trustee Board	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Albert S. Walker, D	
STREET ADDRESS	3010 N. 45th 33605 Tampa 33605	
CITY-ST-ZIP		

TITLE	Church Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Owedia Walker, D	
STREET ADDRESS	3010 N. 45th Tampa 33605	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Samuel L. McMillan* *03/01/01* 231-5068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)