

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90233 006 ****61.25

DOCUMENT # N00000004562

1. Entity Name

**MT. OLIVE MISSIONARY BAPTIST CHURCH OF LAKELAND,
INCORPORATED**



Principal Place of Business

**3321 MCLEOD ROAD
LAKELAND FL 33801**

Mailing Address

**3321 MCLEOD ROAD
LAKELAND FL 33801**

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 **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WEST, JAMES SR
3442 3RD AVENUE
BARTOW FL 33830**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Dea J. West

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-2-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, JAMES SR.	
STREET ADDRESS	POST OFFICE BOX 465	
CITY-ST-ZIP	BARTOW FL 33831	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRAWFORD, ROBERT A	
STREET ADDRESS	204 WEST POLK STREET	
CITY-ST-ZIP	AUBURNDAL FL 33823	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLOWAY, JACK	
STREET ADDRESS	710 WEST 4TH STREET	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D.	<input type="checkbox"/> Delete
NAME	Tony Yarbrough	
STREET ADDRESS	1428 Powhatan Ct	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	D.	<input type="checkbox"/> Delete
NAME	James West Jr	
STREET ADDRESS	1120 Jewel Ave	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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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:

SIGNATURE REQUIRED

Dea J. West **2-2-03 836-5337472**

Date

Daytime Phone #

CR2E037 (10/02)