

2001 UNIFORM BUSINESS REGISTRATION (UBR)

2/1

FILED
Mar 19, 2001 8:00 am
Secretary of State

02-15-2001 90074 046 ****61.25

DOCUMENT # **NO000000 6857**

1. Entity Name **Triune Missionary Baptist Church inc.**

Principal Place of Business **1920 40th ST. N.W. Winter Haven FL 33881**
 Mailing Address **1920 40th ST. N.W. Winter Haven FL 33881**

2. Principal Place of Business **1920 40th ST. N.W.**
 Suite, Apt. #, etc.
 3. Mailing Address **1920 40th ST. N.W.**
 Suite, Apt. #, etc.

City & State **Winter Haven FL**
 Zip **33881** Country **POIK**

4. FEI Number **59-3554550**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MASON, Felisia
1920 40th ST. N.W.
Winter Haven FL 33881

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.

SIGNATURE _____ (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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MASON, Gregory	
STREET ADDRESS	3703 COFFMAN DR.	
CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	VO	<input type="checkbox"/> Delete
NAME	MASON, Felisia	
STREET ADDRESS	3703 COFFMAN DR	
CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Hendrix Peggy	
STREET ADDRESS	203 Elinor Ave	
CITY-ST-ZIP	Dundee FL 33838	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Lawthorne Freddie Sr.	
STREET ADDRESS	2802 Kayworth Ct.	
CITY-ST-ZIP	Bartow FL 33826	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASON, Mary	
STREET ADDRESS	1608 Myrtle St.	
CITY-ST-ZIP	Dundee FL 33838	
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		
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: **Russell Morgan R. Mason**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01-31-01** (863) 965-2450
 My Home Phone #

CR2E037 (11/00)