

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003701

1. Entity Name

ST. MARY PRIMITIVE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

605 MARY ST
PUNTA GORDA FL 33950

605 MARY ST
PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

SAME
Suite, Apt. #, etc.

SAME
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0897744

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

MOORE, CLIFTON J
605 MARY ST
PUNTA GORDA FL 33950

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

T ☐ Delete
NAME JENKINS, EMMIT
STREET ADDRESS 421 E HELEN AVE
CITY-ST-ZIP PUNTA GORDA FL 33950

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

T ☐ Delete
NAME JOHNSON, HAZELLA
STREET ADDRESS 220 LEE AVE S
CITY-ST-ZIP ARCADIA FL 34266

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

T ☐ Delete
NAME JONES, STEVE
STREET ADDRESS 4228 BLITZEN TERR
CITY-ST-ZIP N PORT FL 34287

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

T ☐ Delete
NAME THOMAS, ISAAC JR
STREET ADDRESS 26372 ASUNCION DR
CITY-ST-ZIP PUNTA GORDA FL 33983

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

T ☐ Delete
NAME MOORE, JULIA
STREET ADDRESS 515 E VIRGINIA AVE
CITY-ST-ZIP PUNTA GORDA FL 33950

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

T ☐ Delete
NAME MURRELL, SARAH
STREET ADDRESS 958 NW DUPIN
CITY-ST-ZIP PORT CHARLOTTE FL 33948

☐ Change ☐ 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:

ISAAC THOMAS JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/2002

941/639-3034

Date

Daytime Phone #

CR2E037 (9/01)