

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

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90153 050 \*\*\*\*\*70.00

**DOCUMENT # N01000003701**

1. Entity Name

**ST. MARY PRIMITIVE BAPTIST CHURCH, INC.**



Principal Place of Business

**605 MARY ST  
PUNTA GORDA FL 33950**

Mailing Address

**605 MARY ST  
PUNTA GORDA FL 33950**

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 **65-0897744**

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

7. Name and Address of New Registered Agent

**MOORE, CLIFTON J  
605 MARY ST  
PUNTA GORDA FL 33950**

Name **GRACE NURSE**  
Street Address (P.O. Box Number is Not Acceptable)  
**12951 SW KINGS ROW**

City **LAKE SUZY** FL Zip Code **34269**

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 **GRACE NURSE**  
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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete  
NAME **JENKINS, EMMIT**  
STREET ADDRESS **421 E HELEN AVE**  
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE ☐ Change ☒ Addition  
NAME **ROBERT NEAL**  
STREET ADDRESS **1271 RIO DE JENARD**  
CITY-ST-ZIP **PUNTA GORDA, FL 33983**

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

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

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

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

TITLE ☐ Delete  
NAME **THOMAS, ISAAC JR**  
STREET ADDRESS **26372 ASUNCION DR**  
CITY-ST-ZIP **PUTA GORDA FL 33983**

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

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

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

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

TITLE ☐ 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 (Pastor)**

**1-27-03 (1-27-03) 637-7782**

CR2E037 (10/02)