

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007221

FILED  
Apr 01, 2002 8:00 AM  
Secretary of State

**Entity Name:** MT. ZION MISSIONARY BAPTIST CHURCH OF FORT MYERS, INC.

**Current Principal Place of Business:**

3250 DR. MARTIN LUTHER KING BLVD.  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

3250 DR. MARTIN LUTHER KING BLVD.  
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 65-1015056

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLINS, TAMMY J  
3003 3RD STREET, S W  
LEHIGH ACRES, FL 33971 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COLLINS, KELVIN B SR.  
Address: 3250 DR. MARTIN LUTHER KING BLVD.  
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Delete  
Name: COLLINS, LEROY  
Address: 3250 DR. MARTIN LUTHER KING BLVD.  
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Delete  
Name: COLLINS, KELVIN B JR.  
Address: 3250 DR. MARTIN LUTHER KING BLVD.  
City-St-Zip: FORT MYERS, FL 33901

Title: SD ( ) Delete  
Name: SMITH, LYNNWELLYN E  
Address: 3250 DR. MARTIN LUTHER KING BLVD.  
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Delete  
Name: BECKWITH, NORA  
Address: 3250 DR. MARTIN LUTHER KING BLVD.  
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Delete  
Name: MURRAY, CHARLES  
Address: 3250 DR. MARTIN LUTHER KING BLVD.  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLLINS, KELVIN B SR.

D

04/01/2002

Electronic Signature of Signing Officer or Director

Date