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

	12.	_		 								_ 1
	Š	ï	16.41	Γ#	NIO	200	S	ΔA	01/	ł	_	
$\cup \cup$	ľ	·	וועוי	1 11	IVI I	/L II .	11. JE JI	1 14	73 I 4			

1. Entity Name

SIGNATURE:

GREATER NEW SALEM PRIMITIVE BAPTIST CHURCH, INC.



OI JE VI E						FIL	the state of the s				
	ce of Business ASKA AVENUE		Mailing Address 1605 N NEBRASKA AVENU TAMPA FL 33602		03 SEP 18	AMII:46	Δ ···				
		• • • • •				TALLI	IIIFHN MY IDI YI				
2. Principal F	Place of Business	3	J. Mailing Address								
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			701/18/2	3 90078 CHECK HERE IF	3 026 \$ MAKING CHANGE	\$01.25		
City & Sta	te		City & State						Applied For	}	
Zip Country			Zip	· Cou	ntry 5. Certilicate of Status Desired			\$8.75 Additional Fee Required			
	6. Name and Add	ress of Current Reg	jistered Agent			7. Name and Address of New Registered Agent					
LANE, TH	HEODIS -		· • · •		Name Street Addres	s (P.O. Box Number is	Not Acceptable)				
1605 N NEBRASKA AVENUE TAMPA FL 33602				İ		· · · · · · · · · · · · · · · · · · ·			Ì		
				j	City			FL Zip Co	de	•	
	e named entity submits tions of registered agen		purpose of changing its	registere	d office or regis	stered agent, or both, i	n the State of Florid	a. I am familiar with	i, and accept	1	
	-17		_e				N7- 0	10-03			
SIGNATURE .	Signature, typed or printed han		tle if applicable (NOTE	. Registered	Agent signature requ	ited when reinstating)		DATE			
FILE NOW: FEE IS \$61.25 9. Election Camp 7 Trust Fund Cor					nancing	\$5.00 May Be Added to Fees		Check Payable Department of			
10.	OFF	ICERS AND DIREC	TORS .	11.	<u> </u>	ADDITIONS/CHANG	GES TO OFFICERS	AND DIRECTORS	N 10		
TITLE	D		- Delete	TIFLE				☐ Change	Addition	(05)	
STREET ADDRESS CITY-ST-ZIP	LANE, THEODIS 8317 N RIVERHIGHLAND PL TAMPA FL 33617		_		T ADDRESS					CR2E037 (10/02	
TITLE	D	-, 	, Detete	TITLE				☐ Change	Addition	RZE	
NAME	WILSON, ALBERT	•		NAME	. • 1						
STREET ADDRESS CITY-ST-ZIP	1 3407 N 48TH STREET TAMPA FL 33617				T ADDRESS ST-ZIP			,			
TITLE	D		☐ Delete	TITLE				Change	☐ Addition		
NAME	PORTER, ANN R	- .	, , <u>, , , , , , , , , , , , , , , ,</u>	NAME	T ADDRESS -					I	
STREET ADDRESS CITY-ST-ZIP	2310 N BLVD TAMPA FL 33602				ST-ZIP	•		•			
TITLE	D		☐ Delete	TITLE				☐ Change	☐ Addition	i	
HAMÉ	WILKINS, M.			NAME	,		· .			ļ	
STREET ADORESS CITY-ST-ZIP	2807 BAYHAVEN TAMPA FL 33611				T ADDRESS ST-ZIP						
TITLE	D		☐ Delete	TITLE	 -			☐ Change	Addition	ı	
NAME	HAYES, LORENZO		<u> </u>	NAME							
STREET ADDRESS	PO BOX 172022		;		TADORESS						
CITY-ST-ZIP	TAMPA FL 33672			CITY-S	SI-ZIP			Change	Addition	ı	
TITLE NAME			☐ Delete	TITLE				спалде	☐ MOURIDH	ı	
STREET ADDRESS			ı		T ADDRESS					ı	
CITY-ST-ZIP				CITY-S	<u></u>					ı	
indicated of the cor	on this report or supple poration or the receiver	mental report is true or trustee empower	filing does not qualify for and accurate and that med to execute this report a all other like empowered.	the exemy signatures require	nption stated in l ure shall have th ed by Chapter 6	Section 119.07(3)(i), F e same legal effect as 17, Florida Statutes; ai	lorida Statutes. I fur if made under oath nd that my name ap	ther certify that the that I am an office pears in Block 10 o	information r or director or Block 11 if	i	

06-813492192

** PAY EXACTLY SIXTY-ONE DOLLARS AND THENTY-FIVE CENTS *****

PAY EXACTLY NOT GOOD OVER \$500 PAY TO THE

40068134921926# 12 10 2 100 400 12

AGT 304641 DT 070903 \$61.25 **61DULLAR AND 25CENTS

06813492192 *

LOAD THIS DIRECTION, THIS SIDE UP