

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90206 034 \*\*\*\*61.25

**DOCUMENT # N02439**

1. Entity Name

**ANTIOCH MISSIONARY BAPTIST CHURCH, INC., OF POMP**

Principal Place of Business

Mailing Address

420 N.W. 8TH AVENUE  
 POMPANO BEACH FL 33060

420 N.W. 8TH AVENUE  
 POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0158704**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MATHIS, U. SAMUEL JR. REV**  
**1681 NW 1ST WAY**  
**POMPANO BCH FL 33060**

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

TITLE: PD  Delete  
 NAME: MATHIS, ULYSSES JR. REV  
 STREET ADDRESS: 1681 N.W. 1ST WAY  
 CITY-ST-ZIP: POMPANO BCH FL 33060

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

TITLE: VPD  Delete  
 NAME: CLARK, WALTER JR  
 STREET ADDRESS: 2541 N. W. 12TH CT  
 CITY-ST-ZIP: POMPANO BCH FL 33069

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

TITLE: SD  Delete  
 NAME: RIGGS, EDDIE DEA.  
 STREET ADDRESS: 1751 N.W. 7TH TERRACE  
 CITY-ST-ZIP: POMPANO BCH FL 33060

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

TITLE: D  Delete  
 NAME: WILLIAMS, JOHNNY  
 STREET ADDRESS: 152 NW 15TH PLACE  
 CITY-ST-ZIP: POMPANO BCH. FL 33060

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

TITLE: TD  Delete  
 NAME: JONES, JAMES L  
 STREET ADDRESS: 1595 N.W. 7TH AVENUE  
 CITY-ST-ZIP: POMPANO BCH. FL 33060

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

TITLE: D  Delete  
 NAME: BYLES, FRANCIS  
 STREET ADDRESS: 1583 N.W. 15TH PLACE  
 CITY-ST-ZIP: POMPANO BCH. FL 33060

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

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*James L Jones*  
**Jones**

1/23/01

(954) 782-5881

CP2E037 (10/00)