

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05291

1. Entity Name

SHILOH MISSIONARY BAPTIST CHURCH OF DUNEDIN, INC

FILED

Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90085 009 ****61.25

Principal Place of Business

Mailing Address

SHILOH MISSIONARY BAPTIST CHURCH
1165 N DOUGLAS AVE
DUNEDIN FL 34698-4988
US

C/O LEROY HARDY
1165 NORTH DOUGLAS AVENUE
DUNEDIN FL 34698-4988

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2387189

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

HARDY, LEROY
1165 N. DOUGLAS AVE.
DUNEDIN FL 34698

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 CTD ☐ Delete
NAME HARDY, LEROY
STREET ADDRESS 2403 14TH AVE. SW
CITY-ST-ZIP LARGO FL 33770

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

TITLE CDT ☐ Delete
NAME MANSFIELD, CLARK
STREET ADDRESS 613 N. GREENWOOD AVE.
CITY-ST-ZIP CLEARWATER FL 34615

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

TITLE TD ☐ Delete
NAME EVANS, WALTER C
STREET ADDRESS 611 FAIRMONT
CITY-ST-ZIP CLEARWATER FL 34615

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

TITLE S ☐ Delete
NAME BRYANT, ANN
STREET ADDRESS 1800 UNION ST.
CITY-ST-ZIP CLEARWATER FL 34623

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Leroy Hardy

3/21/00

581-1887

CR2E037 (9/99)