

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N05291**

1. Entity Name

SHILOH MISSIONARY BAPTIST CHURCH OF DUNEDIN, INC ✓

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2387189

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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**

TITLE	CTD	<input type="checkbox"/> Delete
NAME	HARDY, LEROY	
STREET ADDRESS	2403 14TH AVE. SW	
CITY- ST- ZIP	LARGO FL 33770	
TITLE	CDT	<input type="checkbox"/> Delete
NAME	MANSFIELD, CLARK	
STREET ADDRESS	613 N. GREENWOOD AVE.	
CITY- ST- ZIP	CLEARWATER FL 34615	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EVANS, WALTER C	
STREET ADDRESS	611 FAIRMONT	
CITY- ST- ZIP	CLEARWATER FL 34615	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRYANT, ANN	
STREET ADDRESS	1800 UNION ST.	
CITY- ST- ZIP	CLEARWATER FL 34623	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Leroy Hardy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/18/01 727-733-6518

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90452 028 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)