

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90416 040 \*\*\*\*61.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2387189**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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  
Florida 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 **CDT Mansfield Clark**  
STREET ADDRESS **1713 Ridgeway Dr**  
CITY-ST-ZIP **Clearwater, FL 33755**

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**

**4/6/03**

**727-581-1887**

CR2E037 (10/02)