

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08788

1. Entity Name

MOUNTAIN TOP INTERNATIONAL FELLOWSHIP OF CHURCHE

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90043 030 ****61.25

Principal Place of Business 3101-2 E LAKE AVE TAMPA FL 33610	Mailing Address PO BOX 11308 TAMPA FL 33680-1308
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DO NOT WRITE IN THIS SPACE

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 59-2520497	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JONES, DAVID A.
72002 EAST BANK DR
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name **Jones, David A.**

Street Address (P.O. Box Number is Not Acceptable)
6124 Weatherwood Cr.

City **Tampa,** **FL** Zip Code **33544**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME JONES, DAVID A	
STREET ADDRESS 7202 EAST BANK DRIVE	
CITY-ST-ZIP TAMPA FL	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME RUCKER, BARBARA	
STREET ADDRESS 10208 N 21ST STREET	
CITY-ST-ZIP TAMPA FL 33610	
TITLE D	<input type="checkbox"/> Delete
NAME FRAZIER, NELIA	
STREET ADDRESS 7889 NIAGRA	
CITY-ST-ZIP TAMPA FL 33617	
TITLE D	<input type="checkbox"/> Delete
NAME JONES, DAVID P	
STREET ADDRESS 716 E. 113TH AVENUE	
CITY-ST-ZIP TAMPA FL	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME JONES, ALBERT	
STREET ADDRESS 2809 N.29TH ST.	
CITY-ST-ZIP TAMPA FL	
TITLE CD	<input type="checkbox"/> Delete
NAME MCAFEE, ALBERT L.	
STREET ADDRESS 9605 N 16TH STREET	
CITY-ST-ZIP TAMPA FL 33612	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jones, David A.	
STREET ADDRESS 6124 Weatherwood Dr.	
CITY-ST-ZIP Tampa, FL 33544	
TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME McAfee, Shirley A.	
STREET ADDRESS P. O. Box 11308	
CITY-ST-ZIP Tampa, FL 33680	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Bunting, Eddy	
STREET ADDRESS 706 Sunbright Dr.	
CITY-ST-ZIP Seffner, FL 33584	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Coney, Chloe	
STREET ADDRESS 7105 Whittier St.	
CITY-ST-ZIP Tampa, FL 33617	
TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jones, David Paul	
STREET ADDRESS 1205 E. Linebaugh Ave.	
CITY-ST-ZIP Tampa, FL 33612	
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: *[Signature]* **SIGNATURE REQUIRED** Date: **4-19-00** Daytime Phone #: **813-907-1426**

CR2E037 (9/99)