

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90068 021 ****61.25

0060818

DOCUMENT # N08788

1. Entity Name

MOUNTAIN TOP INTERNATIONAL FELLOWSHIP OF CHURCHE

Principal Place of Business

Mailing Address

3101-2 E LAKE AVE
 TAMPA FL 33610

PO BOX 11308
 TAMPA FL 33680

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

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, DAVID A.
 6124 WEATHERWOOD CR
 TAMPA FL 33544

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	PCD	<input type="checkbox"/> Delete
NAME	JONES, DAVID A	
STREET ADDRESS	6124 WEATHERWOOD CR	
CITY-ST-ZIP	TAMPA FL 33544	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCAFFEE, SHIRLEY A	
STREET ADDRESS	P O BOX 11308	
CITY-ST-ZIP	TAMPA FL 33680	
TITLE	D	<input checked="" 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	1205 E LINEBAUGH AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONY, CHLOE	
STREET ADDRESS	7105 WHITTIER ST	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	MCAFFEE, ALBERT L.	
STREET ADDRESS	9605 N 16TH STREET	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAHAM, BRIAN J.	
STREET ADDRESS	7131 S. CHICAGO AVE.	
CITY-ST-ZIP	CHICAGO, IL 60619	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, NELIA	
STREET ADDRESS	7889 NIAGRA	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUNTING, EDDY T	
STREET ADDRESS	706 SUNBRIGHT DRIVE	
CITY-ST-ZIP	SEFFNER, FL 33584	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, BEVELYN A.	
STREET ADDRESS	P.O. BOX 11308	
CITY-ST-ZIP	TAMPA, FL 33680	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01 (813) 948-9385
 748-9385

Date

Daytime Phone #

CR2E037 (10/00)