

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14865

1. Entity Name

MOUNT CHARITY MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

1417 LAURA ST.
JACKSONVILLE FL 32206

Mailing Address

1417 LAURA ST.
JACKSONVILLE FL 32206

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

59-2685189

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARVEY, GEORGE JR.
10668 PINHOLSTER ROAD
JACKSONVILLE FL 32218

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

After September 12, 2001, min. will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
HARVEY, GEORGE JR.
10668 PINHOLSTER RD.
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
HARVEY, JOANNE T.
10668 PINHOLSTER RD
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLLIDAY, CHARLSTINE
1646 WEST 45TH STREET
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HARVEY, ANNIE C.
3026 DONNA DR
JACKSONVILLE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAGIN, NENA
1130 CALIENTE DR
JACKSONVILLE FL 32211 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIRMONS, TONY
4770 WEST FIRESIDE DRIVE
JACKSONVILLE FL 32210 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700004616147--0
-09/28/01--01035--006
*****70.00 *****70.00

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

TITLE
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

George Harvey, Jr. (George Harvey, Jr.) 9/20/01

767-4453 (hm) 904-356-0664 (wt)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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