

# 2002 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. 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

After September 13, 2002,  
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 PTD ☐ Delete  
NAME HARVEY, GEORGE JR.  
STREET ADDRESS 10668 PINHOLSTER RD.  
CITY-ST-ZIP JACKSONVILLE FL

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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: George Harvey Jr. (George Harvey Jr.) 8/6/02 904-356-0664

FILED  
Aug 07, 2002 8:00 am  
Secretary of State

08-07-2002 90196 017 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)