

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90028 006 \*\*\*\*75.00

**DOCUMENT # N22270**

1. Entity Name

**PLEASANT GROVE MISSIONARY BAPTIST CHURCH OF ST. PETERSBURG, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**2550 NINTH AVENUE SOUTH  
 ST. PETERSBURG FL 33712  
 US**

**2550 NINTH AVENUE SOUTH  
 ST. PETERSBURG FL 33712**

2. Principal Place of Business

**2550 - 9th Avenue So.**

3. Mailing Address

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**St. Petersburg, Florida**

City & State

**same**

Zip

**33712**

Country

**U.S.**

Zip

**same**

Country

**U S**

4. FEI Number

**NOT-APPLICABLE**

Applied For

**Not Applicable**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, I.W.  
 6101 - 18TH STREET SOUTH  
 SAINT PETERSBURG FL 33712**

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.

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**\$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 **D** ☐ Delete  
 NAME **HAYWARD, MCKINLEY**  
 STREET ADDRESS **5234 9TH STREET SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE **D** ☐ Delete  
 NAME **NEWKIRK, NATHANIEL**  
 STREET ADDRESS **2510 AUBURN STREET SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE **D** ☐ Delete  
 NAME **BOSWELL, COMER**  
 STREET ADDRESS **5535 21ST STREET SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE **D** ☐ Delete  
 NAME **CURRY, MORRIS**  
 STREET ADDRESS **1662 - ALCAZAR WAY SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE **D** ☐ Delete  
 NAME **SAWYER, WILLIE**  
 STREET ADDRESS **2323 23RD AVENUE SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE **D** ☐ Delete  
 NAME **MONROE, KATHERYN L**  
 STREET ADDRESS **4408 7TH STREET SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

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: *Katheryn L. Monroe*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Katheryn L. Monroe**

**4/22/02 327-5669**

Date

Daytime Phone #

CR2E037 (9/01)