

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91560 016 *****61.25

0074526

DOCUMENT # N24845

1. Entity Name

SAINT MARY MISSIONARY BAPTIST CHURCH OF PARRISH,

Principal Place of Business

Mailing Address

**11801 ERIE RD
PARRISH FL 34219
US**

**P.O. BOX 145
PARRISH FL 34219
US**

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

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

**LAWSON REV, FLETCHER JR
11755 ERIE RD.
PARRISH FL 34219**

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	D	<input type="checkbox"/> Delete
NAME	ADAMSON, WILLIE DEA	
STREET ADDRESS	2905 34TH AV. DR. E.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, AARON	
STREET ADDRESS	12012 82ND ST. E	
CITY-ST-ZIP	PARRISH FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DOZIER, HORACE J.	
STREET ADDRESS	310 4TH AVENUE	
CITY-ST-ZIP	PARRISH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMS, CURTIS	
STREET ADDRESS	305 2ND STREET	
CITY-ST-ZIP	PARRISH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAWSON, FLETCHER J	
STREET ADDRESS	11755 ERIE RD	
CITY-ST-ZIP	PARRISH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Fletcher Lawson Jr* **Fletcher Lawson Jr 5-7-01 (941) 776-3723**

CR2E037 (10/00)