

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25315

1. Entity Name

PLANT CITY PRIMITIVE BAPTIST CHURCH, INC.

Principal Place of Business

509 N. EVERS ST.
PLANT CITY FL 33564

Mailing Address

~~PO BOX 1406~~
~~PLANT CITY FL 33564-1406~~
US

2. Principal Place of Business

3. Mailing Address

509 N Evers St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Plant City FL

Zip

Country

Zip

Country

33566-3337 Hillsborough

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VANN, MATTIE B.
4504 SELKIRK LANE E.
LAKELAND FL 33813

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 NAME STREET ADDRESS CITY-ST-ZIP	P PROCTOR, ELDER EMORY 608 N. WARNELL ST. PLANT CITY FL 33566	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVIDSON, ALVIE 4285 GALLOWAY ROAD N. LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIDSON, DIANNE 4825 N. GALLOWAY RD. LAKELAND FL 33810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANN, MATTIE B. 4504 SELKIRK LANE E. LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VANN, THOMAS 4312 GLENVIEW DR. LAKELAND FL 33810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREER, KAREN 606 WEST GRANT PLANT CITY FL 33566	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Thomas Vann 4312 Glenview Dr. Lakeland, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Gerald Peck 1830 Kooter Lane Lakeland FL 33805-8508	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Mattie B. Vann 4504 Selkirk Lane E. Lakeland, FL 33813-2466	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Diana Davidson 4825 N. Galloway Rd Lakeland, FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Karen Greer 509 N. Evers Street Plant City, FL 33566-3337	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Candy Vann 4312 Glenview Dr. Lakeland, FL 33810	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

MATTIE B. VANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90034 035 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)