

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25315

1. Entity Name

PLANT CITY PRIMITIVE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

509 N. EVERS ST.  
PLANT CITY FL 33564

509 N EVERS ST  
PLANT CITY FL 33566-3357  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2547658

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

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	V	<input type="checkbox"/> Delete
NAME	DAVIDSON, DIANE	
STREET ADDRESS	4825 N GALLOWAY RD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	T	<input type="checkbox"/> Delete
NAME	VANN, CANDY	
STREET ADDRESS	4312 GLENVIEW DR	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAVIDSON, DIANNE	
STREET ADDRESS	4825 N. GALLOWAY RD.	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	ST	<input type="checkbox"/> Delete
NAME	VANN, MATTIE B	
STREET ADDRESS	4504 SELKIRK LANE E.	
CITY-ST-ZIP	LAKELAND FL 33813-2466	
TITLE	P	<input type="checkbox"/> Delete
NAME	VANN, THOMAS	
STREET ADDRESS	4312 GLENVIEW DR.	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	T	<input type="checkbox"/> Delete
NAME	GREER, KAREN	
STREET ADDRESS	509 N EVERS ST	
CITY-ST-ZIP	PLANT CITY FL 33566-3337	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME	Alvie Davidson	
STREET ADDRESS	4825 N. Galloway Rd	
CITY-ST-ZIP	Lakeland, FL 33810	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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:

*Mattie B. Vann*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-02

Date

Daytime Phone #

0077823

CP2E037 (9/01)