2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am Secretary of State DOCUMENT # N30248 1. Entity Name 05-04-2001 90063 010 ****70.00 GREATER BETHEL MISSIONARY BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 1207 N JEFFERSON ST P.O. BOX 172784 TAMPA FL 33677-1703 **TAMPA FL 33672** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2941539 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) **BRYANT STALEY** 4224 WATER OAKS LANE **TAMPA FL 33634** City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME MYERS, GWENDOLYN NAME STREET ADDRESS STREET ADDRESS 2704 N 32ND ST CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33605** 1 Ristee **X** Addition Deletê TITLE î 🖸 Change TITLE TR -Bophney Mickler NAME NAME WEAVER, EVA L 8211 clermont St. STREET ADDRESS STREET ADDRESS 10009 ESKIMO AVE. 33637 CITY-ST-ZIP CITY-ST-ZIP Tampa. **TAMPA FL 33604** □ Change ☐ Addition TITLE Delete TITLE NAME NAME **GREEN S WITT** STREET ADDRESS STREET ADDRESS 1910 E NOEL CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33610 ☐ Change ☐ Delete TITLE ☐ Addition NAME WISE. REECHE NAME STREET ADDRESS STREET ADDRESS 6842 KINGSTON DRIVE CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33619 TITLE ☐ Delete TITLE Change ☐ Addition NAME JACKSON WILLIE NAME STREET ADDRESS STREET ADDRESS 10007 FAWN GROVE PLACE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33637** TITLE ☐ Delete TITLE ☐ Change Addition NAME BROWN, PATRICIA L NAME STREET ADDRESS STREET ADDRESS 5620 GRANADA BLVD #D CITY-ST-ZIP 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 life empowered.

SIGNATURE:

TAMPA FL 33617