

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

200

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90076 036 ****70.00

DOCUMENT # N 42959

1. Entity Name

Mighty Mite United Christian Donations
Centers, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3300 78th ST N

Suite, Apt. #, etc.

3. Mailing Address

1400 Gandy Blvd

Suite, Apt. #, etc.

Suite 1411

DO NOT WRITE IN THIS SPACE

City & State
St. Petersburg FL

City & State
St. Petersburg FL

4. FEI Number

59-3059997

Applied For

Not Applicable

Zip
33713

Country
Pinellas

Zip
33702

Country
Pinellas

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Downes, H. Collings

Street Address (P.O. Box Number is Not Acceptable)

1400 Gandy Blvd

1411

City

St. Petersburg

FL

Zip Code

33702

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25

Initial or Amended UBR

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

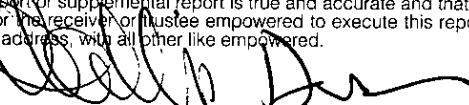
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Downes, Deborah 1400 Gandy Blvd #1411 St. Petersburg FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. H. Collings Downes 1400 Gandy Blvd #1411 St. Petersburg FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Mitchell, LUE V. 1507 Boyshure Blvd Tampa FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Mondase, Janice 137 Chippewa Tampa FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Mondase, Vince 137 Chippewa Tampa FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



2-20-02

727 571 1006

CR2E037B (12/01)