## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N45743 1. Entity Name

## NEW MOUNT HERMAN MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

1407 EAST IDA
1407 EAST IDA
TAMPA FL 33603-4434

2. Principal Place of Business
Suite, Apt. #, etc.

City & State

Mailing Address

Suite, Apt. #, etc.

City & State

Mailing Address

Suite, Apt. #, etc.

FILED Jul 31, 2002 8:00 am Secretary of State

07-31-2002 90105 022 \*\*\*\*61.25



2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	e	City & State	City & State			4. FEI Number 19-3092499 72-15 2 (alf 3) Not Applied For Not Applicable			
Zip	Country	Zip	Zip Country		5. Certificate of Sta	tus Desired 🖂 \$8.	75 Addition		1
	6. Name and Address of Current	t Registered Agent			7. Name and Addr	ess of New Registered Agen	t		1
JACKSON, MARVIN P. 205 WEST DR. M.L. KING JR. BLVD.				Street Address (P.O. Box Number's Not Acceptable)  3212 W. Cordelia Street					
SUITE 204 TAMPA FL				Si	NUA	rdelia of	reet Zip Code 3360		-
8. The above the obligat	named entity submits this statement folions of registered agent.	or the purpose of changing i	ts registered (			he State of Florida. I am famili	ar with, and	d accept	
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NC	TE: Registered Ag	ent signature requi	ired when reinstating)	DATE			
e e	After September 13, 2002, min. will be \$236.25.		9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Make Check Payable to Department of State			
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECT	ORS IN 10		1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COBB, REV. J.L. 4244 E. CURTIS ST. TAMPA FL	☐ Delete	TITLE NAME STREET AI CITY-ST-				Change [	Addition	CR2E037 (4/02)
TITLE Name Street address City-St-Zip	VD KELLY, ELOISE 3706 E. ELLIOTT ST. TAMPA FL	<b>T</b> ALDelete	TITLE NAME STREET AL CITY-ST-	I			Change [	Addition	8
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COBB, ETHEL P. 4244 E. CURTIS ST. TAMPA FL	☐ Delete	TITLE NAME STREET AC CITY-ST-		er e destruction		Change [	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHALEY, GREGORY 3212 W CORDELIA STREET TAMPA FL 33607	☐ Delete	TITLE NAME STREET AD CITY-ST-2	<b>I</b>			change [	] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AC CITY-ST-2			C	hange [	Addition	
title Name Street address City-St-Zip		☐ Delete	TITLE NAME STREET AD CITY-ST-2			c	hange	Addition .	
12. I hereby c	ertify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that	or the exempti my signature	on stated in S shall have the	Section 119.07(3)(i), Flori e same legal effect as if r	da Statutes. I further certify that nade under oath; that I am an	at the inform	nation irector	•

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:

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