

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49072

1. Entity Name

THE MOUNT PILGRIM AFRICAN BAPTIST CHURCH, INC.

**FILED**  
**Feb 19, 2000 8:00 am**  
**Secretary of State**

02-19-2000 90013 011 \*\*\*\*61.25

Principal Place of Business

Mailing Address

410 CLARA ST.  
MILTON FL 32570

P.O. BOX 321  
MILTON FL 32572-0321  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3042845

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LARKINS, JOANNA  
1105 MARKS PLACE  
MILTON FL 32570

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 PT- ☐ Delete  
NAME GILMORE, JAMES  
STREET ADDRESS 6986 DALISA ROAD  
CITY-ST-ZIP MILTON FL 32583

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPMD ☐ Delete  
NAME HAYES, WILLIE C  
STREET ADDRESS 6949 JAVID ROAD  
CITY-ST-ZIP MILTON FL 32583

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPMD ☐ Delete  
NAME JOHNSON, M.E.  
STREET ADDRESS 1104 BARNES STREET  
CITY-ST-ZIP MILTON FL 32570

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SCD ☐ Delete  
NAME LEVINS, DEBRA  
STREET ADDRESS 4232 WOODSVILLE RD.  
CITY-ST-ZIP MILTON FL 32583

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME LARKINS, JOANNA  
STREET ADDRESS 1105 MARKS PLACE  
CITY-ST-ZIP MILTON FL 32570

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TT ☐ Delete  
NAME DAVID, GEORGIA S  
STREET ADDRESS 212 MCCALISTER AVENUE  
CITY-ST-ZIP MILTON FL 32570

TITLE ☐ Change ☐ 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:

*James Gilmore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-13-06 623-4412

CR2E037 (9/99)