

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90035 049 ****61.25

DOCUMENT # N49072

1. Entity Name

THE MOUNT PILGRIM AFRICAN BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**410 CLARA ST.
 MILTON FL 32570**

**P.O. BOX 321
 MILTON FL 32570
 US**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDREWS, EDDIE
 5516 RIVIERA DRIVE
 MILTON FL 32583**

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

Eddie Andrews

Eddie Andrews

2/24/02

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	<input type="checkbox"/> Delete
NAME	GILMORE, JAMES	
STREET ADDRESS	6986 DALISA ROAD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	VPMD	<input type="checkbox"/> Delete
NAME	HAYES, WILLIE C	
STREET ADDRESS	6949 JAVID ROAD	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	VPMD	<input type="checkbox"/> Delete
NAME	JOHNSON, M.E.	
STREET ADDRESS	1104 BARNES STREET	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	SCD	<input checked="" type="checkbox"/> Delete
NAME	LEVINS, DEBRA	
STREET ADDRESS	4232 WOODSVILLE RD.	
CITY-ST-ZIP	MILTON FL 32583	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LARKINS, JOANNA	
STREET ADDRESS	1105 MARKS PLACE	
CITY-ST-ZIP	MILTON FL 32570	
TITLE	TT	<input type="checkbox"/> Delete
NAME	DAVID, GEORGIA S	
STREET ADDRESS	212 MCCALISTER AVENUE	
CITY-ST-ZIP	MILTON FL 32570	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fredonia E. Morgan	
STREET ADDRESS	4857 Webb Circle	
CITY-ST-ZIP	Milton, FL 32570	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID, GEORGIA	
STREET ADDRESS	512 McCalister St	
CITY-ST-ZIP	Milton, FL 32570	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHANDLER, HARIETT	
STREET ADDRESS	3255 Keating Rd	
CITY-ST-ZIP	PENSACOLA, FL 32504	
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:

Fredonia E. Morgan **FREDONIA E. MORGAN**

4/24/02 850-626-2145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)