

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000301

**FILED**  
**Mar 07, 2001 8:00 am**  
**Secretary of State**

03-07-2001 90625 041 \*\*\*\*61.25

1. Entity Name

ST. MARY A.M.E. CHURCH AND CEMETERY, INCORPORATE

Principal Place of Business

P.O. BOX 27  
 SEFFNER FL 33584  
 US

Mailing Address

P.O. BOX 27  
 SEFFNER FL 33584  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3151638

Applied For

Not Applicable

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

BROWN, SHAUNDRA  
 901 PARK STREET  
 SEFFNER FL 33584

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 NELSON, RONNIE  
 738 PARKHILL AVE  
 LAKE LAND FL 33801 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 BROWN, LINDA  
 901 PARK STREET  
 SEFFNER FL 33584 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 BEVEL, DOROTHY  
 604 HILLPINE WAY  
 BRANDON FL 33510 ☒ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 CREEKMUR, ESTELLE  
 2803 LINDEN TREE STREET  
 SEFFNER FL 33584 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 JACKSON, GLORIA  
 2114 SHADY POINT LN  
 BRANDON FL ☒ Delete

TITLE D  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Gregory Jackson  
 2114 Shady Point Ln  
 Brandon, Florida 33510 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 STEVENS, LORA  
 PO BOX 871  
 VALRICO FL 33598 ☒ Delete

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

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:

*Ronnelle Nelson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 2, 2001

863-687-6273

Date

Daytime Phone #

CR2E037 (10/00)