

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000264

1. Entity Name

MISSION BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

P.O. BOX 603
MIMS FL 32754

P.O. BOX 603
MIMS FL 32754-0603

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

59-3165511

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

LAMB, ALBERT G
2455 JAY JAY ROAD
TITUSVILLE FL 32796

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 PD ☐ Delete

NAME LAMB, ALBERT G
STREET ADDRESS 2240 HOLDER RD
CITY-ST-ZIP MIMS FL 32754

TITLE SD ☐ Delete

NAME LAMB, SANDY G
STREET ADDRESS 2240 HOLDER RD
CITY-ST-ZIP MIMS FL 32754

TITLE VD ☐ Delete

NAME WILBANKS, DENNIS
STREET ADDRESS 4048 FAIRFAX DR
CITY-ST-ZIP MIMS FL 32754

TITLE TD ☐ Delete

NAME REYNOLDS, KAREN
STREET ADDRESS 6060 STAMFORD ST
CITY-ST-ZIP SCOTTSMOOR FL 32775

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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:

KAREN REYNOLDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-267-5272

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE