

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90037 020 ****61.25

DOCUMENT # N93000000264

1. Entity Name

MISSION BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

P.O. BOX 603
 MIMS FL 32754

350 N WASHINGTON
 SUITE J
 TITUSVILLE FL 32796-5906



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

350 N WASHINGTON AVE

3. Mailing Address

Suite, Apt. #, etc.

SUITE J

Suite, Apt. #, etc.

City & State

TITUSVILLE FL

City & State

Zip

32796

Country

USA

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 Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **REYNOLDS, KAREN**
 STREET ADDRESS **6060 STAMFORD ST**
 CITY-ST-ZIP **SCOTTSMOOR FL 32775**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 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

Karen Reynolds

3-18-02

321-268-5272

Date

Daytime Phone #

CR2E037 (9/01)