

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90021 028 \*\*\*\*61.25

**DOCUMENT # N93000004652**

1. Entity Name

**PARADISE MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

1112 E SCOTT ST  
TAMPA FL 33602

1112 E SCOTT ST  
TAMPA FL 33602-3051

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3122005**

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

**WILLIAMS, FRANK REV**  
**1112 E SCOTT ST**  
**TAMPA FL 33602**

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

TITLE:  Delete  
 NAME: **CCCC WILLIAMS, DEBORAH J.**  
 STREET ADDRESS: **2612 EAST 17TH AVENUE**  
 CITY-ST-ZIP: **TAMPA FL**

TITLE:  Delete  
 NAME: **T MUTHERSON, CANNELLA**  
 STREET ADDRESS: **416 E. HUGH**  
 CITY-ST-ZIP: **TAMPA FL**

TITLE:  Delete  
 NAME: **P WILLIAMS, FRANK W.**  
 STREET ADDRESS: **416 EAST HUGH**  
 CITY-ST-ZIP: **TAMPA FL**

TITLE:  Delete  
 NAME: **D LOCKETT, JAMES**  
 STREET ADDRESS: **1905 EAST POINSETTIA**  
 CITY-ST-ZIP: **TAMPA FL**

TITLE:  Delete  
 NAME: **SSS WILLIAMS, BETTY**  
 STREET ADDRESS: **416 E HUGH**  
 CITY-ST-ZIP: **TAMPA FL 33602**

TITLE:  Delete  
 NAME: **D STONEY, HAROLD**  
 STREET ADDRESS: **1236 INDIA ST**  
 CITY-ST-ZIP: **TAMPA FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:  Change  Addition  
 NAME: **Sunday School Teacher Pearlbe Mae Barnes**  
 STREET ADDRESS: **416 East Hugh Street**  
 CITY-ST-ZIP: **Tampa, Florida 33602**

TITLE:  Change  Addition  
 NAME: **Assistant Pastor Jarvis Ball**  
 STREET ADDRESS: **1112 East Scott Street**  
 CITY-ST-ZIP: **Tampa, Florida**

TITLE:  Change  Addition

TITLE:  Change  Addition

TITLE:  Change  Addition

TITLE:  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: *Deborah Williams - Deborah Williams - Clerks 2/24/00 813-223-7077*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #