

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004652

1. Entity Name

PARADISE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

1112 E SCOTT ST
TAMPA FL 33602

Mailing Address

1112 E SCOTT ST
TAMPA FL 33602

2. Principal Place of Business

1112 E SCOTT ST.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA, FLA

City & State

TAMPA FL

Zip

33602

Country

HILLSBORO

Zip

Country

4. FEI Number

59-3122005

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, FRANK REV
1112 E SCOTT ST
TAMPA FL 33602

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CCCD
WILLIAMS, DEBORAH J.
2612 EAST 17TH AVENUE
TAMPA FL
SAME ☐ Delete

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STONE, HAROLD
1236 INDIA ST
TAMPA FL
SAME ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: PASTOR FRANK WILLIAMS

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90009 023 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)

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