

2001 UNIFORM BUSINESS REPORT (UBR)

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

09-13-2001 90009 023 ****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

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 TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

1112 E SCOTT ST.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TAMPA, FLA

4. FEI Number

59-3122005

Applied For

Not Applicable

Zip

Country

Zip

Country

33602

HILLSBORO

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WILLIAMS, FRANK REV
1112 E SCOTT ST
TAMPA FL 33602

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCCD WILLIAMS, DEBORAH J. 2612 EAST 17TH AVENUE TAMPA FL <i>SAME</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MUTHERSON, CANNELLA 416 E. HUGH TAMPA FL <i>SAME</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, FRANK W. 416 EAST HUGH TAMPA FL <i>SAME</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKETT, JAMES 1905 EAST POINSETTIA TAMPA FL <i>SAME</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSS WILLIAMS, BETTY 416 E HUGH TAMPA FL 33602 <i>SAME</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONEY, HAROLD 1236 INDIA ST TAMPA FL <i>SAME</i>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *PASTOR FRANK W WILLIAMS*

9/5/01 (813) 333-7077

00076629



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)