

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-28-2002 90015 042 ****61.25

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1112 E SCOTT ST
 Suite, Apt. #, etc.
TAMPA, FLA
 City & State

3. Mailing Address
1112 E SCOTT ST
 Suite, Apt. #, etc.
TAMPA, FLA,
 City & State

4. FEI Number **59-3122005** Applied For
 Not Applicable

Zip **33602** Country **HILLSBORO** Zip **33602** Country **HILLSBORO**

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 Paradise M.B. CHURCH PASTOR Frank R. WILLIAMS 2/5/02
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 NAME STREET ADDRESS CITY-ST-ZIP	CCCD WILLIAMS, DEBORAH J. 2612 EAST 17TH AVENUE TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M MUTHERSON, CANNELLA 416 E. HUGH TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, FRANK W. 416 EAST HUGH TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKETT, JAMES 1905 EAST POINSETTIA TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SSS WILLIAMS, BETTY 416 E HUGH TAMPA FL 33602 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STONE, HAROLD 1236 INDIA ST TAMPA FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MINISTER JARVIS BALL
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
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

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 R. WILLIAMS 2/5/02 (813) 223-7077

CR2E037 (9/01)