

# 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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3122005

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

Zip  
 33602

Country  
 HILLSBORO

Zip  
 33602

Country  
 HILLSBORO

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 MB. 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	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)