

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000150

1. Entity Name

MT. GILEAD MISSIONARY BAPTIST CHURCH, INC.

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90126 007 ****61.25

Principal Place of Business

Mailing Address

1313 DIVISION AVENUE
WEST PALM BEACH FL 33407

1313 DIVISION AVENUE
WEST PALM BEACH FL 33401-2803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0515044

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PERKINS, MILTON
1433 7TH ST
WEST PALM BEACH FL 33401

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	ANDERSON, TOMMIE S R	
STREET ADDRESS	1372 8TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	☐ Delete
NAME	WILKERSON, WILLIE	
STREET ADDRESS	1001.2ND STREET	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	D	☐ Delete
NAME	BELL, WILLIE L	
STREET ADDRESS	301 W 16TH WAY	
CITY-ST-ZIP	RIVIERA BEACH FL 33404	
TITLE	BODC	☐ Delete
NAME	PERKINS, MILTON	
STREET ADDRESS	1433 7TH ST	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	West Palm Beach, FL	
CITY-ST-ZIP	33401	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Milton Perkins

1-23-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)