

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 08, 2002 8:00 am
Secretary of State

08-08-2002 90089 002 ****61.25

DOCUMENT # N9400000 4024

1. Entity Name

NEW BRIGHT AND MORNING STAR HOLINESS MISSIONARY
BAPTIST CHURCH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1805 N. ALBANY AVE

Suite, Apt. #, etc.

3. Mailing Address

1805 N. ALBANY AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

593230995

Applied For

Not Applicable

Zip

Country

33607

U.S.

Zip

Country

33607

U.S.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ERIC E. CAMPBELL

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

1805 N. ALBANY AVE

City

TAMPA

FL

Zip Code

33607

**DO NOT WRITE
IN THIS SPACE**

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

Rev. Eric E. Campbell

Rev. Eric E. Campbell

8-02-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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 PASTOR D
NAME ERIC E. CAMPBELL
STREET ADDRESS 1805 N. ALBANY AVE
CITY-ST-ZIP TAMPA FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TRUSTEE D
NAME ROBERT C WRIGHT
STREET ADDRESS 1805 N. ALBANY AVE
CITY-ST-ZIP TAMPA FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DEACON D
NAME MARK HOLMES
STREET ADDRESS 1805 N. ALBANY AVE
CITY-ST-ZIP TAMPA FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DEACON D
NAME DAVID JONES
STREET ADDRESS 1805 N. ALBANY AVE
CITY-ST-ZIP TAMPA FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DEACON D
NAME AARON KEATON
STREET ADDRESS 1805 N. ALBANY AVE
CITY-ST-ZIP TAMPA FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DEACON D
NAME MARCH KING
STREET ADDRESS 1805 N. ALBANY AVE
CITY-ST-ZIP TAMPA FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert C Wright

ROBERT C WRIGHT

8-02-02

813-276-3343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)