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Jul 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001518 (8)**

1. Corporation Name

**UNION MISSIONARY BAPTIST CHURCH OF PORT RICHEY,
INC.**

Principal Place of Business

**6235 PINEHILL ROAD
PORT RICHEY FL 34668**

Mailing Address

**6235 PINEHILL ROAD
PORT RICHEY FL 34668-6737**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/28/1995	3a. Date of Last Report 07/17/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number APPLIED FOR	Applied For ☒ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☒ No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent

**GADSON, JAKIE
1970 SOULE RD.
CLEARWATER FL 34619**

10. Name and Address of New Registered Agent

81	Name	JAKIE GADSON	
82	Street Address (P.O. Box Number is Not Acceptable)		
83	City	1970 Soule Rd.	
84	City	FL	85 Zip Code 34619

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WHEATON, CHARLES E	1.2 NAME	
STREET ADDRESS	9520 TOWANDA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GADSON, JAKIE	2.2 NAME	
STREET ADDRESS	529 LINCOLN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, E.C.	3.2 NAME	
STREET ADDRESS	8225 OAKLEAF DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)