## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 05, 2007 8:00 am DOCUMENT # N95000001518 Secretary of State 1. Entity Name 02-05-2007 90094 026 \*\*\*\*61.25 UNION MISSIONARY BAPTIST CHURCH OF PORT RICHEY, INC. Principal Place of Business Mailing Address 6235 PINEHILL ROAD PORT RICHEY FL 34668 6235 PINEHILL ROAD PORT RICHEY FL 34668 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CR2E037 (10/06) 1st MOORE City & State City & State Applied For 4. FEI Number 59-3453578 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IVERSON, JAMES E Street Address (P.O. Box Number is Not Acceptable) UNION MISSIONARY BAPTIST CHURCH 6235 PINEHILL ROAD PORT RICHEY FL 34668 City 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. I am familiar with, and accept the obligations of registered agent. 1-29-07 SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State LLI MODITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Whighty Bertha C. Change Delete NAME GADSON, JAKIE STREET ADDRESS STREET ADDRESS 1970 SOULE RD CITY - ST- 7(P CHY-ST-ZIP **CLEARWATER FL 33759** Delete ☐ Addition TITLE TIRLE NAME HARRIS, E.C. NAME STREET ADDRESS STREET ADDRESS 8225 OAKLEAF DRIVE CITY - ST- ZIP CITY-ST-ZIP PORT RICHEY FL 34668 THLE ☐ Delete 11111 ☐ Change Addition NAME NAME **BUTTS, STANLEY** STREET ADDRESS STRUCT ADDRESS 2707 RAVEBDALE CHY-ST-ZIP CITY - ST - ZIP HOLIDAY FL 34691 TITLE ☐ Delete HHE Change ■ Addition NAME NAME IVERSON, JAMES E STRUCT ADDRESS STREET ADDRESS 6209 CARDINAL CREST DRIVE CITY-ST-ZIP CITY - ST - ZIP NEW PORT RICHEY FL 34655 DHE Delete mile ☐ Change Addition NAME JOHNSON, GEORGE T NAME STREET ADDRESS STREET ADDRESS 7810 FLICNTLOCK DRIVE CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL 34668 HILE ☐ Delete THLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-ST-7IP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 trusted 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 either like empowered.

SIGNATURE: