

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002024 ✓

1. Entity Name

BLACK METHODISTS FOR CHURCH RENEWAL, INC.

**FILED**  
**Jun 13, 2000 8:00 am**  
**Secretary of State**

06-13-2000 90002 047 \*\*\*\*70.00

Principal Place of Business

Mailing Address-

221 NW 7TH AVE  
GAINESVILLE FL 32641

221 NW 7TH AVE  
GAINESVILLE FL 32601-5220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0659196

Applied For

Not Applicable

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

THOMAS, A. FAYE  
9553 W HWY 318  
REDDICK FL 32688

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 ANNA FAYE THOMAS

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

(NOTE: Registered Agent signature required when reinstating)

JUNE 9, 2000

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 PD ☐ Delete  
NAME THOMAS, A. FAYE  
STREET ADDRESS 9553 W. HWY 318  
CITY-ST-ZIP REDDICK FL 32688

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME MCCLELLAN, GERALDINE W  
STREET ADDRESS 221 N.W. 7TH AVE  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME GEORGE, CAROLYN  
STREET ADDRESS 6606 SW 59 ST  
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME CROSKEY, RALPH  
STREET ADDRESS P O BOX 2672  
CITY-ST-ZIP Ocala FL 34478

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME WILLIAMS, NEWTON E  
STREET ADDRESS 9114 NORFOLK BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BANKS, JOHN M  
STREET ADDRESS 617 N.W. 192ND AVE  
CITY-ST-ZIP GAINESVILLE FL

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 an other like empowered.

SIGNATURE: ANNA FAYE THOMAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 9, 2000

Date

(352) 732-1450 ex. 109

Daytime Phone #

CR2E037 (9/99)