

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003689

1. Entity Name

AMAZING GRACE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

512 N. ORANGE ST.  
SEBRING FL 33870

P.O BOX 4188  
SEBRING FL 33871-4188  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEMAN, ALPHONZAR JR  
512 N. ORANGE ST.  
SEBRING FL 33870

Name

Franklin Jr., Learia

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

c/o 512 N. Orange Street

City

Sebring

FL

Zip Code

33870

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. Learia Franklin Jr.*

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

(NOTE: Registered Agent signature required when reinstating)

4-20-2000

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 P  
NAME FREEMAN, ALPHONZAR JR ☒ Delete  
STREET ADDRESS C/O 512 N. ORANGE ST.  
CITY-ST-ZIP SEBRING FL 33870

TITLE P  
NAME Franklin, Jr., Learia ☒ Change ☐ Addition  
STREET ADDRESS C/O 512 N. Orange Street  
CITY-ST-ZIP Sebring, Fl. 33870

TITLE ST  
NAME DANIELS, MARIE ☐ Delete  
STREET ADDRESS C/O 512 N. ORANGE ST.  
CITY-ST-ZIP SEBRING FL 33870

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

TITLE S  
NAME JOHNSON, MARY ☐ Delete  
STREET ADDRESS C/O 512 N. ORANGE ST.  
CITY-ST-ZIP SEBRING FL 33870

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

TITLE D  
NAME RIGGS, ROXENE ☐ Delete  
STREET ADDRESS C/O 512 N. ORANGE ST.  
CITY-ST-ZIP SEBRING FL 33870

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

TITLE D  
NAME FOSTER, MARTHA ☐ Delete  
STREET ADDRESS C/O 512 N. ORANGE ST.  
CITY-ST-ZIP SEBRING FL 33870

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

TITLE D  
NAME WILLIAMS, HENRY C ☐ Delete  
STREET ADDRESS C/O 512 N. ORANGE ST.  
CITY-ST-ZIP SEBRING FL 33870

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:

*Marie Daniels*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-23-00 (863) 471-6622



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0716420

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

CR2E037 (9/99)