

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90017 008 ****61.25

DOCUMENT # N97000007067

1. Entity Name

ST. MARY'S PRIMITIVE BAPTIST CHURCH OF PLANT CT

Principal Place of Business

Mailing Address

902 E. RENFRO ST.
 PLANT CITY FL 33564-3415

P. O. BOX 3415
 PLANT CITY FL 33564
 US

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

59-3415773

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

MOORE, MICHAEL G
2171 PINE RIDGE ROAD, STE. D
NAPLES FL 34109

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

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

(NOT Registered Agent signature required when reinstating)

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 Delete
 NAME **DP**
 STREET ADDRESS **KNIGHTEN, SR T**
 CITY-ST-ZIP **3804 CREEKWAY**
PLANT CITY FL 33567

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVP**
 STREET ADDRESS **KNIGHTEN, SR E**
 CITY-ST-ZIP **620 CHARLOW COURT**
PLANT CITY FL 33566

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DS**
 STREET ADDRESS **BROWN, STELLA M.**
 CITY-ST-ZIP **604 BETHUNE DR**
PLANT CITY FL 33566

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
 STREET ADDRESS **KNIGHTEN, SR D**
 CITY-ST-ZIP **1813 BRAD ST**
PLANT CITY FL 33566

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TM**
 STREET ADDRESS **DIXON, ANDREW J.**
 CITY-ST-ZIP **310 TOMDA ST.**
PLANT CITY FL 33566

TITLE Change Addition
 NAME **TM**
 STREET ADDRESS **Adderly, Mae**
 CITY-ST-ZIP **510 Lake St S**
Plant City FL 33566

TITLE Delete
 NAME **TM**
 STREET ADDRESS **MURPHY, HENRY L.**
 CITY-ST-ZIP **1316 E TENNESSEE ST**
PLANT CITY FL 33566

TITLE Change Addition
 NAME **TM**
 STREET ADDRESS **Dasher, Emma**
 CITY-ST-ZIP **1A03 E. MLK BLVD**
Plant City FL 33566

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: *Stella M. Brown*

5/23/01 (813) 478-3507

CR2E037 (10/00)