

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90079 033 ****61.25

DOCUMENT # N97000007067

1. Entity Name

ST. MARY'S PRIMITIVE BAPTIST CHURCH OF PLANT CITY, INC.

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

4. FEI Number

59-3415773

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

(NOTE: 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	DP	<input type="checkbox"/> Delete
NAME	KNIGHTEN, SR T	
STREET ADDRESS	3804 CREEKWAY	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KNIGHTEN, SR E	
STREET ADDRESS	620 CHARLOW COURT	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BROWN, STELLA M.	
STREET ADDRESS	604 BETHUNE DR	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	T	<input type="checkbox"/> Delete
NAME	KNIGHTEN, SR D	
STREET ADDRESS	1813 BRAD ST	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	TM	<input type="checkbox"/> Delete
NAME	ADDERLY, MAE	
STREET ADDRESS	510 LAKE ST S	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	TM	<input type="checkbox"/> Delete
NAME	DASHER, EMMA	
STREET ADDRESS	1403 E. MLK BLVD	
CITY-ST-ZIP	PLANT CITY FL 33566	

TITLE	TM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Concetta Coney	
STREET ADDRESS	909 E. Renfro St.	
CITY-ST-ZIP	Plant City, FL 33566	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Stella M. Brown
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 (813) 754-1616
 Date Daytime Phone #

CR2E037 (9/01)