

DOCUMENT # N98000000304

1. Entity Name

ST. MARY'S MISSIONARY BAPTIST CHURCH OF TAFT FLA

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8/1

FILED  
Sep 19, 2000 8:00 am  
Secretary of State

08-10-2000 90011 023 \*\*\*\*61.25

Principal Place of Business 9000 BOYCE AVE. ST. MARY MISSIONARY BAPT. CHURCH TAFT FL 32824	Mailing Address 1975 KANSAS ST. ST. MARY MISSIONARY BAPTIST CHURCH OVIEDO FL 32765
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number	APPLIED FOR	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

WILLIAMS, BERTHA  
512 PALMETTO STREET  
ORLANDO FL 32824

## 7. Name and Address of New Registered Agent

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  
After September 13, 2000 min. will be \$236.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCER, ROBERT 1975 KANSAS ST. OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARREN, BESSIE 4749 N. PINE HILLS RD., APT. 202 ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARD, LINDA J 5118 MANDURIN ST TANGELO PARK FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED

Robert M. Mercer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Aug 7, 2000 Daytime Phone #

CR2E037 (5/00)

Doc. # N9800000304  
309846

Form **SS-4**

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

(Rev. February 1998)  
Department of the Treasury  
Internal Revenue Service

► Keep a copy for your records.

Please type or print clearly.	1. Name of applicant (legal name) (see instructions)	
	2. Trade name of business (if different from name on line 1)	3. Executor, trustee, "care of" name
	4a. Mailing address (street address) (room, apt., or suite no.)	5a. Business address (if different from address on lines 4a and 4b)
	4b. City, state, and ZIP code	5b. City, state, and ZIP code
	6. County and state where principal business is located	
	7. Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►	

8a. Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |  |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN)                    | <input type="checkbox"/> Estate (SSN of decedent)      |
| <input type="checkbox"/> Partnership                              | <input type="checkbox"/> Plan administrator (SSN)      |
| <input type="checkbox"/> REMIC                                    | <input type="checkbox"/> Other corporation (specify) ► |
| <input type="checkbox"/> State/local government                   | <input type="checkbox"/> Trust                         |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military   |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable)                              |
| <input type="checkbox"/> Other (specify) ►                        |  |

8b. If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
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9. Reason for applying (Check only one box.) (see instructions)

<input type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10. Date business started or acquired (month, day, year) (see instructions)

11. Closing month of accounting year (see instructions)

12. First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ►

13. Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
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14. Principal activity (see instructions) ►

15. Is the principal business activity manufacturing? ☐ Yes ☐ No  
If "Yes," principal product and raw material used ►

16. To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale) ☐ N/A  
☐ Public (retail) ☐ Other (specify) ►

17a. Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☐ No  
Note: If "Yes," please complete lines 17b and 17c.

17b. If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► Trade name ►

17c. Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)
Fax telephone number (include area code)

Name and title (Please type or print clearly.) ► Signature ► Date ►

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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