

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000999

1. Entity Name

MT. ARARAT MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

2503 N. MYRTLE AVE.
JACKSONVILLE FL 32209

Mailing Address

2503 N. MYRTLE AVE.
JACKSONVILLE FL 32209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1058974

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

LATTIMORE, DAVID A JR.
794 CAMERON DR.
ORANGE PARK FL 32073

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

TITLE D
NAME BLACK, LIZZIE
STREET ADDRESS 5518 MAHALIA DR.
CITY-ST-ZIP JACKSONVILLE FL 32209

Delete

TITLE D
NAME BRACY, JARVIS
STREET ADDRESS 8268 CREEK HOLLOW CT.
CITY-ST-ZIP JACKSONVILLE FL 32244

Delete

TITLE D
NAME BRYANT, BOAZ
STREET ADDRESS 4250 CARROLL DR.
CITY-ST-ZIP JACKSONVILLE FL 32209

Delete

TITLE D
NAME CHATMAN, RUTH
STREET ADDRESS 3622 GRUNTHAL ST.
CITY-ST-ZIP JACKSONVILLE FL 32209

Delete

TITLE D
NAME FULLER, BETTY
STREET ADDRESS 141 W. 26TH ST.
CITY-ST-ZIP JACKSONVILLE FL 32206

Delete

TITLE D
NAME FENNEY, SHIRLEY
STREET ADDRESS 2644 WYLENE ST.
CITY-ST-ZIP JACKSONVILLE FL 32209

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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: *Epiphany Johnson, Shirley Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90018 047 ****61.25

001587



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)