

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001196

1. Entity Name

GREATER MOUNT PLEASANT MISSIONARY BAPTIST CH JRCH

**FILED**  
May 23, 2001 8:00 am  
Secretary of State

05-23-2001 91170 001 \*\*\*\*61.25

Principal Place of Business

866 W. GOLDEN ST.  
TALLAHASSEE FL 32304

Mailing Address

866 W. GOLDEN ST.  
TALLAHASSEE FL 32304

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

59-2685607

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

POOLE, ANTHONY  
866 W. GOLDEN ST.  
TALLAHASSEE FL 32304

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
POOLE, ANTHONY  
6704 TIM TAM TRAIL  
TALLAHASSEE FL 32308 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
SCOTT, MARION  
866 W. GOLDEN ST.  
TALLAHASSEE FL 32304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Scott, MARVIN ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
HAYES, DOUGLAS C  
2923 WOODRICH DR  
TALLAHASSEE FL 32301 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
DAVIS, CHRISTOPHE  
3934 PACES CT  
TALLAHASSEE FL 32311 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1913 Buckwood Drive ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SFD  
RAHMING, MARILYN  
1866 HOPKINS  
TALLAHASSEE FL 32304 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3408 Mahoney Drive  
Tallahassee, Florida 32308 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
RILEY, CRAIG P  
5595 PEDRICK PLANTATION CIR  
TALLAHASSEE FL ☐ Delete

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:

*Craig P. Riley Sr.* 1/16/01 950-222-9293  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)