

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001196

1. Entity Name

**GREATER MOUNT PLEASANT MISSIONARY BAPTIST CHURCH, INC.**

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

~~Riley, Craig Rev Dr~~  
~~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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/25/2002

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

TITLE CD ☐ Change ☐ Addition  
NAME Davis, Christopher  
STREET ADDRESS 1913 Buckwood Dr.  
CITY-ST-ZIP Tall. Fl. 32311

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

TITLE CD ☐ Change ☐ Addition  
NAME Rev. Dr. Craig P. Riley Sr.  
STREET ADDRESS 3136 Hawks Landing Dr.  
CITY-ST-ZIP Tall. Fl. 32309

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

TITLE TD ☐ Change ☐ Addition  
NAME Hayes Douglas C  
STREET ADDRESS 2923 Woodrich Dr.  
CITY-ST-ZIP Tall. Fl. 32301

TITLE T ☐ Delete  
NAME DAVIS, CHRISTOPHE  
STREET ADDRESS 1913 BUCKWOOD DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE SFD ☐ Change ☒ Addition  
NAME Whitely, Vanessa  
STREET ADDRESS 7356 Wagon Tr. Lane  
CITY-ST-ZIP Tall. Fl. 32310

TITLE SFD ☒ Delete  
NAME RAHMING, MARILYN  
STREET ADDRESS 3408 MAHONEY DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32308

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02

222-9293

Date

Daytime Phone #

CR2E037 (9/01)