

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90049 046 ****61.25

DOCUMENT # N98000002775

1. Entity Name

NEW SAINT MARK MISSIONARY BAPTIST CHURCH OF QUIN

Principal Place of Business

319 HOLT LANE
QUINCY FL 32351

Mailing Address

P.O. BOX 544
QUINCY FL 32351

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

APPLIED FOR

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

NEAL, JOHN H
1449 BRECK DRIVE
TALLAHASSEE FL 32310

Name Roman McNeal
Street Address (P.O. Box Number is Not Acceptable)
495 Spooner Rd
Quincy
City FL Zip Code 32351

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

Roman McNeal

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/01

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	D	<input type="checkbox"/> Delete
NAME	MCNEAL, ROMAN	
STREET ADDRESS	495 SPOONER ROAD	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	NEALY, JESSIE	
STREET ADDRESS	493 SPOONER ROAD	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOCKWOOD, RICHARD	
STREET ADDRESS	817 LUCKT STREET	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BATTLE, ARRIE	
STREET ADDRESS	919 HARDIN STREET	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SIMMONS, PHYLLIS	
STREET ADDRESS	839 SIKES STREET	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BARNES, IDELLA	
STREET ADDRESS	919 HARDIN STREET	
CITY-ST-ZIP	QUINCY FL 32351	

TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Thomas	
STREET ADDRESS	586 Shiloh Rd	
CITY-ST-ZIP	Quincy, FL 32351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mattie Thomas	
STREET ADDRESS	110 Richlander Ln	
CITY-ST-ZIP	Quincy, FL 32351	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon McNeal	
STREET ADDRESS	495 Spooner Rd	
CITY-ST-ZIP	Quincy, FL 32351	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Denson	
STREET ADDRESS	1024 Clark St.	
CITY-ST-ZIP	Quincy, FL 32351	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 49.07(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:

Sharon McNeal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/01

Daytime Phone #

410-4118

CR2E037 (10/00)