

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005001

1. Entity Name

ST. JAMES PRIMITIVE BAPTIST CHURCH OF MULBERRY,

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90107 002 ****75.00

Principal Place of Business

Mailing Address

904 SE 4TH ST.
MULBERRY FL 33860

904 SE 4TH ST.
MULBERRY FL 33860-3122

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Mulberry, FL

4. FEI Number

58-2856266

Applied For

Not Applicable

Zip

Country

Zip

Country

33860

Polk

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

BROOKS, WILLIE C
5123 FAIRFAX EAST
LAKELAND FL 33813

Name

Edwin C. Brooks

Street Address (P.O. Box Number is Not Acceptable)

706 South East 3rd. Street

City

Mulberry

FL

Zip Code

33860

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

Edwin C. Brooks

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11-27-1999

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	D	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, WILLIE C	
STREET ADDRESS	5123 FAIRFAX EAST	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENMARK, NOEL	
STREET ADDRESS	1328 W. HONEYTREE LANE	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	P/C	<input type="checkbox"/> Delete
NAME	BROOKS, EDWIN C	
STREET ADDRESS	706 SE 3RD ST.	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, OTIS	
STREET ADDRESS	3540 WILLIS RD.	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	V	<input type="checkbox"/> Delete
NAME	WALKER, WALTER H	
STREET ADDRESS	2315 1ST STREET	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marveen L. Brown	
STREET ADDRESS	2904 Wheeler Street	
CITY-ST-ZIP	Bartow, FL 33831	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carrie I. Walker	
STREET ADDRESS	2315 First Street	
CITY-ST-ZIP	Mulberry, FL 33860	
TITLE	T/S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eura L. Brooks	
STREET ADDRESS	5123 Fairfax East	
CITY-ST-ZIP	Lakeland, FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Edwin C. Brooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-27-99

Date

(863) 647-5754

Daytime Phone #

CR2E037 (9/99)