

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90236 007 ****70.00

DOCUMENT # N98000005001

1. Entity Name

ST. JAMES PRIMITIVE BAPTIST CHURCH OF MULBERRY, INC.



Principal Place of Business

**904 SE 4TH STREET
MULBERRY FL 33860**

Mailing Address

**P.O. BOX 996
MULBERRY FL 33860**

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 **58-2856266**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BROOKS, EURA L
5123 FAIR FAX EAST
LAKELAND FL 33813**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD BROOKS, EDWIN C	<input type="checkbox"/> Delete
STREET ADDRESS	706 SE 3RD STREET	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE NAME	VPD WALKER, WALTER M	<input type="checkbox"/> Delete
STREET ADDRESS	2315 1ST STREET	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE NAME	D BELL, OTIS	<input type="checkbox"/> Delete
STREET ADDRESS	3548 WILLIS ROAD	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE NAME	D DENMARK, NOEL	<input type="checkbox"/> Delete
STREET ADDRESS	1328 W. HONEY TREE LANE	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE NAME	DSR BROOKS, EURA L	<input type="checkbox"/> Delete
STREET ADDRESS	5128 FAIRFAX EAST	
CITY-ST-ZIP	LAKELAND FL 33860	
TITLE NAME	DT BROWN, MARVIN L	<input type="checkbox"/> Delete
STREET ADDRESS	2904 WHEELER ST	
CITY-ST-ZIP	GORDON HGT., BARTOW FL 33831	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D. Walker, Carrie I.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2315 1st. Street	
CITY-ST-ZIP	Mulberry, FL 33860	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DT Brown, Marveen L.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2904 Wheeler St.	
CITY-ST-ZIP	Gordon Hgt., Bartow FL 33831	

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: Eura L Brooks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/03 (863) 647-3754

CR2E037 (10/02)