

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90112 006 ****70.00

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1. Entity Name

**MT. OLIVE MISSIONARY BAPTIST CHURCH OF BRADLEY,
FL., INC.**



Principal Place of Business

**155 CHURCH AVE
BRADLEY FL 33835**

Mailing Address

**P.O. BOX 191
BRADLEY FL 33835**

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 **63-0009423**

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

**KENDRICK, EUGENE T
10 WILLIAMS STREET
MULBERRY FL 33860**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **ANTHONY, DELORES**
STREET ADDRESS **1110 BENNETT CT.**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **D** ☐ Change ☒ Addition
NAME **EDDIE ROBINSON**
STREET ADDRESS **205 HOOKER STREET**
CITY-ST-ZIP **BRADLEY, FLORIDA 33835**

TITLE **D** ☐ Delete
NAME **WOODY, TILLIE A**
STREET ADDRESS **150 NORTH AVE.**
CITY-ST-ZIP **BRADLEY FL 33835**

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

TITLE **D** ☐ Delete
NAME **ROBERTS, DAHLIA**
STREET ADDRESS **820 CROWN AVE**
CITY-ST-ZIP **BARTOW FL 33830**

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

TITLE **D** ☐ Delete
NAME **WILCOX, LEVI M**
STREET ADDRESS **6951 WILSON AVE.**
CITY-ST-ZIP **BRADLEY FL 33835**

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

TITLE **D** ☐ Delete
NAME **WYNN, RALPH R**
STREET ADDRESS **1070 TEE CIRCLE EAST**
CITY-ST-ZIP **BARTOW FL 33830**

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

TITLE **D** ☒ Delete
NAME **PITTS, PAYTON**
STREET ADDRESS **130 MCCALL AVE**
CITY-ST-ZIP **BRADLEY FL 33835**

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: *De lores Anthony* **DELORES ANTHONY**

04/15/03

863/533-5637

CR2E037 (10/02)