

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90246 039 ****61.25

DOCUMENT # N99000000322

1. Entity Name

BAYBORO CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

556-9TH STREET SOUTH
 ST PETERSBURG FL 33705

P.O. BOX 13191
 ST PETERSBURG FL 33733

361861

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

NOT APPLICABLE

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

BRYANT, MITCHELL L
6313 MARTIN LUTHER KING ST. SOUTH
ST PETERSBURG FL 33705

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

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	P	<input type="checkbox"/> Delete
NAME	BRYANT, MITCHELL L	
STREET ADDRESS	6313 9TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRYANT, DANITA B	
STREET ADDRESS	6313 9TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, MOZELL L	
STREET ADDRESS	138-38TH STREET SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BROWN, CHRISTINA	
STREET ADDRESS	627-23RD AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GORE, MARILYN	
STREET ADDRESS	4050 POMPANO DRIVE S.E.	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEAKS, TONYA	
STREET ADDRESS	2550 52ND AVENUE N., #206	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	

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		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bryant, Mozell	
STREET ADDRESS	138 38th Street South	
CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McCormick, Brenda	
STREET ADDRESS	4542 20th Avenue South	
CITY-ST-ZIP	St. Petersburg, FL 33711	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leaks, Tonya	
STREET ADDRESS	2550 52nd Avenue No. #206	
CITY-ST-ZIP	St. Petersburg, FL 33714	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gore, Marilyn	
STREET ADDRESS	4050 Pompano Drive S.E.	
CITY-ST-ZIP	St. Petersburg, FL 33705	

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

Date

Daytime Phone #

Brenda D. McCormick - Brenda D. McCormick (727) 898-8616

CR2E037 (9/01)