

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001181

1. Entity Name

MOUNT ZION PRIMITIVE BAPTIST CHURCH OF PALATKA.

Principal Place of Business

1501 BRONSON STREET  
PALATKA FL 32177

Mailing Address

P.O. BOX 1564  
PALATKA FL 32177

2. Principal Place of Business

1501 BRONSON ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1564

Suite, Apt. #, etc.

City & State  
Palatka Florida

Zip  
32177

Country  
Putnam

City & State  
Palatka Florida

Zip  
32177

Country  
Putnam

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

TOOKES, J.C.  
1915 BRONSON STREET  
PALATKA FL 32177

7. Name and Address of New Registered Agent

Name J.C. Tookes

Street Address (P.O. Box Number is Not Acceptable)  
1915 BRONSON ST

City Palatka

FL

Zip Code  
32177

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

*Elder J.C. Tookes*

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  
After September 12, 2001, min. will be \$236.25

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

TITLE D  
NAME TOOKES, J.C.  
STREET ADDRESS 1915 BRONSON ST  
CITY-ST-ZIP PALATKA FL 32177 ☐ Delete

TITLE D  
NAME MARSHALL, MARVIN  
STREET ADDRESS 1719 EAGLE ST  
CITY-ST-ZIP PALATKA FL 32177 ☐ Delete

TITLE D  
NAME DAVIS, ELIZABETH  
STREET ADDRESS 908 N 10TH ST  
CITY-ST-ZIP PALATKA FL 32177 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 400004614294  
STREET ADDRESS -09/27/01-01087-005  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

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

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

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

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

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

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: *Elder J.C. Tookes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/01

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 25 PM 12:17



DO NOT WRITE IN THIS SPACE

000047

CR2007 001