

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001181

1. Entity Name

MOUNT ZION PRIMITIVE BAPTIST CHURCH OF PALATKA, INC.

Principal Place of Business

Mailing Address

1501 BRONSON STREET
PALATKA FL 32177

P.O. BOX 1564
PALATKA FL 32177

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FLORIDA

FLORIDA

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

TOOKES, J C
1915 BRONSON STREET
PALATKA FL 32177

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

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME Marshall, Marvin
STREET ADDRESS 509 W. Towles Ave
CITY-ST-ZIP Palatka, FL 32177

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/02 (386) 329-7857

Date

Daytime Phone #

CR2E037 (9/01)

0059649

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90017 048 ****61.25

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DO NOT WRITE IN THIS SPACE