

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000002684**

1. Entity Name

GRACE PROGRESSIVE MISSIONARY BAPTIST CHURCH, INC

Principal Place of Business

**236 DR. MARTIN LUTHER KING AVE W
BRADENTON FL 34205**

Mailing Address

**P.O. BOX 1164
BRADENTON FL 34206**

2. Principal Place of Business

3505 1st Street East

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

4. FEI Number

59-3619773

Applied For

Not Applicable

Zip

34208

Country

USA

Zip

Country

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

**SEARLES, JOHNN J JR
1524 27TH AVE E
BRADENTON FL 34208**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SEARLES, JOHNN J JR	
STREET ADDRESS	1524-27TH AVE E	
CITY-ST-ZIP	BRADENTON FL	

TITLE	VD	<input type="checkbox"/> Delete
NAME	DOZIER, SHERMAN	
STREET ADDRESS	1925 20TH ST S	
CITY-ST-ZIP	ST PETERSBURG FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	REDDICK, ADRIENNE	
STREET ADDRESS	9910 SUGAR HILL DR	
CITY-ST-ZIP	BRADENTON FL 34202	

TITLE	SD	<input type="checkbox"/> Delete
NAME	BUNDRAGE, YVONNE	
STREET ADDRESS	1002 110TH ST E	
CITY-ST-ZIP	BRADENTON FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	<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	<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	

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 Required**5/16/01 1941) 744-1461****FILED
Jul 10, 2001 8:00 am
Secretary of State**

07-10-2001 90115 001 ****61.25

773049

DO NOT WRITE IN THIS SPACE

0073952

CR2E037 (10/00)