

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002908

1. Entity Name

GREATER SAINT PAUL'S MISSIONARY BAPTIST CHURCH O

Principal Place of Business

532 - 33RD ST., SOUTH
ST. PETERSBURG FL 33712

Mailing Address

532 - 33RD ST., SOUTH
ST. PETERSBURG FL 33712-1435

2. Principal Place of Business

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HAZLEY, EDWARD
1942 QUINCY ST. SOUTH
ST. PETERSBURG FL 33711

7. Name and Address of New Registered Agent

Name

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

1701 62ND AVE. S.

City

St Petersburg

FL

Zip Code

33712

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

Michael Raines

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Michael Raines 4-17-00

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	Registered Agent Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael T. Raines
STREET ADDRESS	1701 62ND AVE. S.
CITY-ST-ZIP	St. Petersburg, FL 33712
TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Willie J. Jenkins
STREET ADDRESS	5300 Alhambra Way S
CITY-ST-ZIP	St. Petersburg, FL 33712
TITLE	Trustee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Jones
STREET ADDRESS	2410 19th St. S.
CITY-ST-ZIP	St. Petersburg, FL 33712
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:

Michael Raines

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00 727-867-708

Date

Daytime Phone #

FILED

00 AUG 30 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

5/23/00 90240/039 \$70.00

4. FEI Number

59-3473468

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required