

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90140 005 ****70.00

DOCUMENT # N99000004051

1. Entity Name

GREATER FRIENDSHIP MISSIONARY BAPTIST CHURCH, IN

UA

Principal Place of Business

Mailing Address

4413 N. 35TH ST.
 TAMPA FL 33610

4413 N. 35TH ST.
 TAMPA FL 33610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, MADISON SR.
3507 N. 35TH ST.
TAMPA FL 33605

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CDB	<input type="checkbox"/> Delete
NAME	THOMAS, WILLIE C	
STREET ADDRESS	1601 E. 29 AVE	
CITY-ST-ZIP	TAMPA FL 33055	
TITLE	CT	<input type="checkbox"/> Delete
NAME	JOHNSON, MELVIN	
STREET ADDRESS	3002 W. PALIFAX ST.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GAYNOR, ROBERT	
STREET ADDRESS	4413 N. 35TH ST.	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	PMC	<input type="checkbox"/> Delete
NAME	COLEMAN, ROBERT	
STREET ADDRESS	3411 E. SHADOW LANE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	AAFS	<input type="checkbox"/> Delete
NAME	SHAW, ANNIE	
STREET ADDRESS	6902 REINDEER RD.	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, JOHN M	
STREET ADDRESS	1312 E. CAYUGA ST.	
CITY-ST-ZIP	TAMPA FL 33603-4219	

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

Rev. Madison Murray, Jr.

9/9/01

(813) 247-6057

CR2E037 (5/01)