

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005539

1. Entity Name

ST. JOHN PRIMITIVE BAPTIST CHURCH OF MEDULLA, FL

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90011 037 ****70.00

Principal Place of Business

Mailing Address

POST OFFICE BOX 7278
 LAKELAND FL 33807-7278

POST OFFICE BOX 7278
 LAKELAND FL 33807-7278

2. Principal Place of Business

St. John. P. B. Church

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5235 Old Highway 37

City & State

Medulla, Florida

City & State

4. FEI Number

59-2368469

Applied For

Not Applicable

Zip

Country

Zip

Country

33811

USA

33807-7278

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

GHENT, SMITH
 5434 LILY ROAD,
 LAKELAND FL 33811

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE | Pastor/President/CEO | <input type="checkbox"/> Delete |
| NAME | Elder Robert D. Townes | |
| STREET ADDRESS | 1307 Scott Circle | |
| CITY-ST-ZIP | Lakeland, FL 33805 | |
| TITLE | Deacon / Director / Vice President | <input type="checkbox"/> Delete |
| NAME | Smith Ghent | |
| STREET ADDRESS | 5434 Lily Road | |
| CITY-ST-ZIP | LAKELAND, FL 33801 | |
| TITLE | Treasurer | <input type="checkbox"/> Delete |
| NAME | Sis. Jackie Brown | |
| STREET ADDRESS | 1240 S. Virginia Avenue | |
| CITY-ST-ZIP | Bartow, FL 33803-6647 | |
| TITLE | Secretary / Church Recorder | <input type="checkbox"/> Delete |
| NAME | Dayatra Sweet | |
| STREET ADDRESS | 5453 Noble Road | |
| CITY-ST-ZIP | LAKELAND, FL 33811 | |
| TITLE | Director | <input type="checkbox"/> Delete |
| NAME | James Watson | |
| STREET ADDRESS | 5340 Loop Road | |
| CITY-ST-ZIP | LAKELAND, FL 33811 | |
| TITLE | Director | <input type="checkbox"/> Delete |
| NAME | Eddie Gallon, Sr | |
| STREET ADDRESS | 5554 Lily Court | |
| CITY-ST-ZIP | LAKELAND, FL 33811 | |

| | | |
|----------------|--------------------|--|
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Joseph SWEET | |
| STREET ADDRESS | 1005 PARKER Rd | |
| CITY-ST-ZIP | LAKELAND, FL 33811 | |
| TITLE | Managing Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Johnny Marshall | |
| STREET ADDRESS | Mulberry, FL 33850 | |
| CITY-ST-ZIP | | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Herbert, Moore | |
| STREET ADDRESS | LAKELAND, FL | |
| 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: Smith Ghent, Deacon, VP. 4/20/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)