

.2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90327 007 ****70.00

DOCUMENT # **N99000005539**

1. Entity Name

ST. JOHN PRIMITIVE BAPTIST CHURCH OF MEDULLA, FL

Principal Place of Business

Mailing Address

**ST. JOHN. P.B. CHURCH
 5235 OLD HIGHWAY 37
 LAKELAND FL 33811**

**POST OFFICE BOX 7278
 LAKELAND FL 33807-7278**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2368469

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

**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

Jackie Sis. Brown
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 Delete
 NAME **PCEO**
 STREET ADDRESS **TOWNES, ROBERT D ELDER**
 CITY-ST-ZIP **1307 SCOTT CIR
 LAKELAND FL 33805**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVP**
 STREET ADDRESS **SMITH, GHENT**
 CITY-ST-ZIP **5434 LILY RD
 LAKELAND FL 33801**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
 STREET ADDRESS **BROWN, JACKIE SIS.**
 CITY-ST-ZIP **1240 S. VIRGINIA AVE
 LAKELAND FL 33803**

TITLE Change Addition
 NAME **T**
 STREET ADDRESS **Brown, Jackie Sis.**
 CITY-ST-ZIP **1240 S. Virginia Ave.
 Bartow, FL 33830-6647**

TITLE Delete
 NAME **S**
 STREET ADDRESS **SWEET, DAYATRA**
 CITY-ST-ZIP **5453 NOBLE RD
 LAKELAND FL 33811**

TITLE Change Addition
 NAME **S**
 STREET ADDRESS **Andrea Richardson**
 CITY-ST-ZIP **2523 Blair Circle S
 LAKELAND, FLORIDA 33803**

TITLE Delete
 NAME **D**
 STREET ADDRESS **WATSON, JAMES**
 CITY-ST-ZIP **5340 LOOP RD
 LAKELAND FL 33811**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **GALLON, EDDIE SR**
 CITY-ST-ZIP **5340 LOOP RD
 LAKELAND FL 33811**

TITLE Change Addition
 NAME **D**
 STREET ADDRESS **Gallon, Eddie Sr.**
 CITY-ST-ZIP **5340 Lily Court
 Lakeland, FL 33811**

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:

Jackie Sis. Brown, Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/01 (863) 519-2757

CR2E037 (10/00)