

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90062 015 \*\*\*\*66.25

**DOCUMENT # N99000007541**



1. Entity Name  
**TRUE LIGHT MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business  
**3318 EMERSON AVENUE SOUTH  
SAINT PETERSBURG FL 33712**

Mailing Address  
**1600 41ST STREET SO.  
ST. PETERSBURG FL 33711**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3348849**

Applied For  
Not Applicable

Zip

Country

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**

**WARD, CHARLIE W REV.  
2420 11TH ST. SOUTH  
ST. PETERSBURG FL 33705**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WARD, CHARLIE W REV.</b>	
STREET ADDRESS	<b>2420 11TH ST., SO.</b>	
CITY-ST-ZIP	<b>ST. PETE FL 33705</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, CORETHA N</b>	
STREET ADDRESS	<b>1600 41ST ST. SO.</b>	
CITY-ST-ZIP	<b>ST. PETE FL 33711</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MORRIS, RUBY L</b>	
STREET ADDRESS	<b>2122 20TH AVE., SO.</b>	
CITY-ST-ZIP	<b>ST. PETE FL 33712</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BUTLER, ULAS</b>	
STREET ADDRESS	<b>2100 AUBURN ST., SO.</b>	
CITY-ST-ZIP	<b>ST. PETE FL 33712</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MORRIS, JOHNNY SR.</b>	
STREET ADDRESS	<b>2122 20TH AVE., SO.</b>	
CITY-ST-ZIP	<b>ST. PETE FL 33712</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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** *Charlie W. Ward* 4/1/03

CR2E037 (10/02)