

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 08, 2000 8:00 am**  
**Secretary of State**

06-08-2000 90036 016 \*\*\*\*61.25

**DOCUMENT # 700949**

1. Entity Name

**NEW SEVENTY-NINTH STREET BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

2275 N W 79TH STREET  
 MIAMI FL 33147-4925

2275 N W 79TH STREET  
 MIAMI FL 33147-4956

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

**59-0711185**

Applied For

Not Applicable

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

**JOHNSON, TWYLA**  
**8425 NW 23 AVE**  
**MIAMI FL 33147**

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

*Twyla Johnson*

**5-14-00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, TWYLA	
STREET ADDRESS	8425 NW 23 AVE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAVIS, YOLANDA	
STREET ADDRESS	1156 SHARAR AVE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLER, KATIE	
STREET ADDRESS	14145 NW 22 PL	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WIMES, JAMES	
STREET ADDRESS	21433 NW 39 AV.	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ELMORE, MALCOLM	
STREET ADDRESS	1251 SW 101 TERR #305	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, LARRY	
STREET ADDRESS	1140 NW 142 ST	
CITY-ST-ZIP	MIAMI FL 33168	

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	Davis, Yolanda Spell name correct	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, John	
STREET ADDRESS	3922 N.W. 170 ST.	
CITY-ST-ZIP	Carol City, FL. 33055	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jackson, Garry	
STREET ADDRESS	4480 N.W. 171 TR.	
CITY-ST-ZIP	Carol City, FL. 33055	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Annie	
STREET ADDRESS	3922 N.W. 170 ST.	
CITY-ST-ZIP	Carol City, FL. 33055	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jackson, Marla	
STREET ADDRESS	4480 N.W. 171 TR.	
CITY-ST-ZIP	Carol City, FL. 33055	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Yolanda S. Davis*  
 YOLANDA S. DAVIS

Date

**5-14-00**

Daytime Phone #

**(305) 687-1293**

CR2E037 (9/99)