

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 90719 035 ****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 33147-4925**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0711185

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 type="checkbox"/> Delete
NAME	YOUNG, ROBERT	
STREET ADDRESS	19550 NW 4 AVENUE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, ELAINE	
STREET ADDRESS	19500NW 4 AVENUE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, ANNIE	
STREET ADDRESS	3922 NW 170 ST.	
CITY-ST-ZIP	CAROL CITY FL 33055	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, MARLA	
STREET ADDRESS	4480 NE 171 TR.	
CITY-ST-ZIP	CAROL CITY FL 33055	

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		
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		
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: *Yolanda S. Davis* / *Yolanda S. Davis* 7-30-02 305.687.1293

CR2E037 (9/01)