


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90172 032 ****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 **2275 N W 79TH STREET**
MIAMI FL 33147-4925 **MIAMI FL 33147-4925**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0711185** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JOHNSON, TWYLA
8425 NW 23 AVE
MIAMI FL 33147

7. Name and Address of New Registered Agent

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: *Twyla Johnson* DATE: *5-*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, TWYLA	NAME	
STREET ADDRESS	8425 NW 23 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, YOLANDA	NAME	
STREET ADDRESS	1156 SHARAR AVE	STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ROBERT	NAME	
STREET ADDRESS	19550 NW 4 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, ELAINE	NAME	
STREET ADDRESS	19500NW 4 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ANNIE	NAME	
STREET ADDRESS	3922 NW 170 ST.	STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL 33055	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, MARLA	NAME	
STREET ADDRESS	4480 NE 171 TR.	STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL 33055	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: *Twyla Johnson*

CR2E037 (10/02)