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305.271-56a

## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address, with all o

## Feb 13, 2001 8:00 am DOCUMENT # 702353 **Secretary of State** 1. Entity Name NEW WORK ASSISTANCE FUND OF MIAMI BAPTIST ASSOČĪ 02-13-2001 90023 044 \*\*\*\*70.00 Principal Place of Business Mailing Address 7855 SW 104TH STREET 7855 SW 104TH STREET MIAMI FL 33156 SUITE 210 MIAMI FL 33156 US A 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. > Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CLEELAND, DAVID 7855 SW 104TH STREET MIAMI FL 33156 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be П Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE 🔀 Delete TITLE Change \_Addition JOHNSON, GARY 7701 SW 98 ST BAGGETT, BILL NAME NAME STREET ADDRESS 23701 SW 167TH AVE STREET ADDRESS CITY-ST-ZIP MIAM), FL 33156 CITY-ST-ZIP HOMESTEAD FL STD ☐ Addition TITLE ☐ Delete TITLE ☐ Change VAN TASSEL, MASON H NAME NAME 7855 SW 104 ST STE 210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. : CITY-ST-ZIP MIAMI-FL=33156----**VPD** TITLE ☐ Delete TITLE ☐ Change Addition GLASFORD, FRANK NAME NAME STREET ADDRESS 2755 NW 168 TERR STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 33056 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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