

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90097 028 \*\*\*\*61.25

**DOCUMENT # 705104**

1. Entity Name

**CENTRAL CHURCH OF THE NAZERENE OF MIAMI, FLORIDA**

Principal Place of Business

Mailing Address

1300 N W 95TH STREET  
 MIAMI FL 33147

1300 N W 95TH STREET  
 MIAMI FLA 33147-3320

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-6136779**

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

**POT, ONESIMO**  
**162 NE 122ND ST**  
**MIAMI FL 33161**

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  Delete  
 NAME **TR KLEPPINGER, KEITH**  
 STREET ADDRESS **841 S BISCAYNE RIVER DR**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S SIMES, BEVERLY**  
 STREET ADDRESS **3101 NW. 203 LN**  
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE  Change  Addition  
 NAME **S SORROW, Alice**  
 STREET ADDRESS **6760 Bull Run Rd., #248**  
 CITY-ST-ZIP **Miami Lakes, FL 33014**

TITLE  Delete  
 NAME **POT, ONESIMO**  
 STREET ADDRESS **162 NE 122ND ST**  
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T ST. LOUIS, JANICE**  
 STREET ADDRESS **1830 NE 142ND STREET, #8-D**  
 CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE  Change  Addition  
 NAME **Elizabeth Rushing, Elizabeth**  
 STREET ADDRESS **811 NE 139 St.**  
 CITY-ST-ZIP **North Miami, FL 33161**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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.

305-696-412

SIGNATURE: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**S. Onesimo POT 05-12-00**

Date

Daytime Phone #

CR2E037 (9/99)