

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 22, 2002 8:00 am**  
**Secretary of State**

07-22-2002 90159 047 \*\*\*\*61.25

**DOCUMENT # 705104**

1. Entity Name  
**CENTRAL CHURCH OF THE NAZERENE OF MIAMI, FLORIDA, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**1300 N W 95TH STREET**      **1300 N W 95TH STREET**  
**MIAMI FL 33147**      **MIAMI FL 33147**

2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

4. FEI Number      Applied For  
**59-6136779**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR</b> <b>KLEPPINGER, KEITH</b> <b>841 S BISCAYNE RIVER DR</b> <b>MIAMI FL 33169</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SORROW, ALICE</b> <b>6760 BULL RUN RD 248</b> <b>MIAMI LAKES FL 33014</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC</b> <b>POT, ONESIMO</b> <b>162 NE 122ND ST</b> <b>MIAMI FL 33161</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RUSHING, ELIZABETH</b> <b>811 NE 139 ST</b> <b>MIAMI FL 33161</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>St. Louis, Janice</b> <b>14030 Biscayne Blvd., 811</b> <b>North Miami, FL 33181</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Diana Forde</b> <b>170 N.E. 128th Terr.</b> <b>North Miami, FL 33161</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *S. Onesimo POT*      **S. Onesimo POT 4-24-02 305-696-1412**

CR2E037 (9/01)