

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707599

1. Entity Name

SECOND BAPTIST CHURCH OF RICHMOND HEIGHTS, INC.

Principal Place of Business

11111 PINKSTON DRIVE
RICHMOND HEIGHTS FL 33176-6442

Mailing Address

11111 PINKSTON DRIVE
RICHMOND HEIGHTS FL 33176-6442

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1618524

Applied For

Not Applicable

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

REV JOHN A FERGUSON
11111 PINKSTON DRIVE
RICHMOND HEIGHTS FL

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 VD
STREET ADDRESS BELLAMY, GREGORY
CITY-ST-ZIP 16801 SW 84 CT
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS THOMPSON, ANITA
CITY-ST-ZIP 13936 SW 90 AVE #CC208
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME P
STREET ADDRESS FERGUSON, REV JOHN A
CITY-ST-ZIP 11525 SW 136 TERRACE
RICHMOND HGTS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME T
STREET ADDRESS KEMP, WILKES
CITY-ST-ZIP 12750 SW 92 COURT
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME SD
STREET ADDRESS DESHOMMES, MARIE
CITY-ST-ZIP 12105 SW 189 ST
MIAMI FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS YOUNG, CLYDE
CITY-ST-ZIP 12845 SW 103 CT
MIAMI FL

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS YOUNG, CLYDE
CITY-ST-ZIP 12805 S.W. 103 CT.
MIAMI, FLA

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 empowerments.

SIGNATURE:

SIGNATURE: R. PAYNE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-00

3052320499

Date

Daytime Phone #

CR2E037 (9/99)