

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

03-22-2002 90038 029 \*\*\*\*70.00

**DOCUMENT # 714085**

1. Entity Name

**MEMORIAL TEMPLE MISSIONARY BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

16600 N W 44 CT  
 OPA LOCKA FL 33054-6035

16600 N W 44 CT  
 OPA LOCKA FL 33054-6035

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

**59-2159884**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COX REV., ELLISE**  
**2430 N.W. 183RD ST**  
**MIAMI FL 33056**

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 **PD MUNGIN, FRAZIER**  
 STREET ADDRESS **17620 NW 67TH AVE 1104**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME **P/D RONNIE L. HUNTER**  
 STREET ADDRESS **421 N.W. 201 Ave**  
 CITY-ST-ZIP **421 PAMBROKE PINES, FL 33029**

TITLE  Delete  
 NAME **S HOLLOMAN, FAYE**  
 STREET ADDRESS **255 N.W. 189TH TERRACE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME **VIT BANKS, CLAUDE**  
 STREET ADDRESS **4450 N.W. 178 ST, MIAMI FL 33055**

TITLE  Delete  
 NAME **TD STIRRUP, LUCILLE**  
 STREET ADDRESS **5215 N.W. 29TH CT.**  
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE  Change  Addition  
 NAME **T/C MUNGIN, FRAZIER**  
 STREET ADDRESS **732 N.W. 172 ST MIAMI FL 33169**

TITLE  Delete  
 NAME **CTR HILL, SHELTON**  
 STREET ADDRESS **18431 NW 39TH CT**  
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE  Change  Addition  
 NAME **T/C HOLLOMAN, ROBERT**  
 STREET ADDRESS **255 N.W. 189th MIAMI, FL**

TITLE  Delete  
 NAME **TRC THAGGARD, MOSES**  
 STREET ADDRESS **4501 N.W. 171TH TERRACE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition

TITLE  Delete  
 NAME **TD DAISE, ROBERT**  
 STREET ADDRESS **17111 NW 42ND PL**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  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: *Lucille Stirrup* **Lucille STIRRUP 38-02 638-4421**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)

Attachment # 714085 931922

President/Director

RONNIE L. HUNTER

421 N.W. 201<sup>st</sup> Ave.

Pembroke Pines, FL 33029

Vice President/Justice

CLAUDE BANKS

4450 NW 178<sup>th</sup> St

Miami, FL 33055

T/c

Frazier Murgio

732 NW 172<sup>nd</sup> St

Miami, FL 33169

T/c

ROBERT HOLLoman

255 N.W. 189<sup>th</sup> Tr

Miami, FL