

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-15-2001 90214 001 ***140.00

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1. Entity Name

93 ST. COMMUNITY MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

2330 N.W. 93RD STREET
 MIAMI FL 33147

Mailing Address

2330 N.W. 93RD STREET
 MIAMI FL 33147

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0014830

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, CARL
 2264 SW 182 WAY
 MIRAMAR FL 33029

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PC	JOHNSON, CARL REV	2264 SW 182 WAY	MIRAMAR FL 33029	<input type="checkbox"/>
DVP	WITHERSPOON, CLYDE	2251 NW 90TH STREET	MIAMI FL 33147	<input type="checkbox"/>
DS	SWEET, JOHN	5921 N.W. 7TH PLACE	MIAMI FL 33127	<input checked="" type="checkbox"/>
DT	WILLIAMS, EPHRAIM	17331 N.W. 32ND AVENUE	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	Same			<input type="checkbox"/>	<input type="checkbox"/>
	Same			<input type="checkbox"/>	<input type="checkbox"/>
DS	MOTHER-COEN ROSS	2280 NW 96 ST	MIAMI, FL 33147	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Same			<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/00)

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: **SIGNATURE REQUIRED**

Carl Johnson 3-5-2001

Date

Daytime Phone #