2001 UNIFORM BUSINESS REPORT (UBR)

May 04, 2001 8:00 am Secretary of State **DOCUMENT # 728659** 1. Entity Name THE FIRST BAPTIST CHURCH OF BUNCHE PARK, INC. 05-04-2001 90146 042 ****70.00 Principal Place of Business Mailing Address 16141 BUNCHE PK. ES DR 15700 NW 22 AVENUE KUOTEUUU OPA LOCKA FL 33054-2012 OPA LOCKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 23-7366401 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, JOHN A. 16141 BUNCHE PARK DRIVE E. OPA LOCKA FL 33054 City 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** 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Addition $\mathbf{Q} : \mathcal{F}$ TITLE ☐ Change TITLE Delete NAME WELLONS, PAUL NAME STREET ADDRESS 18555 NW 38TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33055** V-CH **Delete** Addition NAME WILLIAMS, JOHN A. NAME STREET ADDRESS 16141 BUNCHE PK EAST DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. OPA LOCKA FL 33054 D ☐ Delete TITLE Change Addition NAME MCKAY, ARCHIE NAME STREET ADDRESS 16120 BUNCHE PK DR E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL 33054 Delete TITLE TITLE Addition weet, Eddie NAME **NELSON, GLORIA** NAME STREET ADDRESS STREET ADDRESS 1755 NW 154TH ST CITY-ST-ZIF CITY-ST-ZIP OPA LOCKA FL 33054 Delete TITLE TITLE 6hange ☐ Addition SMITH, JOHNNY NAME NAME STREET ADDRESS 19620 NW 5TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 TITLE TITLE □ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR Date Daytime Phone #

changed, or on an attachment with an address, with all other like empowered