


FILED
Jul 01, 2003 8:00 am
Secretary of State

06-12-2003 90012 035 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000001400

1. Entity Name
LIBERTY CITY-BROWNSVILLE BUSINESSES, CHURCHES, HOMEOWNERS, SCHOOLS, & TENANTS ASSOCIATION INC.



Principal Place of Business
 2962 NW 59TH ST.
 MIAMI FL 33142-2251

Mailing Address
 P. O. BOX 510359
 MIAMI FL 33151

55050341

2. Principal Place of Business
 2962 NW 59 ST
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 510359
 Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33142-2251

Country
USA

Zip
33151

Country
USA

4. FEI Number
651154010

Applied For
 Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**HEPBURN-OKEHI, KATHLENE
 2962 NW 59TH ST.
 MIAMI FL 33142-2251**

7. Name and Address of New Registered Agent
 Name **SAME**
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEPBURN-OKEHI, KATHLENE 2962 NW 59TH ST. MIAMI FL 33142-2251	<input 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		<input 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CHAIR REV. GEORGE MERRAE 1701 NW 66 ST MIAMI, FL 33147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MS. BEVERLY NIXON 2958 NW 59 ST MIAMI, FL 33142-2251	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR REV. BERNARD POITIER 2321 NW 62 ST MIAMI, FL 33147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MRS. PATRICIA THOMAS 1711 NW 171 TERRACE MIAMI, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MRS. GEORGIA AYERS 2415 NW 111 ST MIAMI, FL 33167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR MR. PATRICK RANGE 5758 NW 17TH AVENUE MIAMI, FL 33142	<input type="checkbox"/> Change <input checked="" 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: **KATHLENE OKEHI** Date: **4/3/2003** Daytime Phone #: **305/638-3587**

CR20037 (10/02)