

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91303 022 \*\*\*\*61.25

**DOCUMENT # N21290**

1. Entity Name

**SIERRA NORWOOD CALVARY BAPTIST CHURCH, INC.**

Principal Place of Business

Mailing Address

**495 NW 191 STREET  
 MIAMI FL 33169**

**495 NW 191 STREET  
 MIAMI FL 33169**

**657478**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2741911**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEDGISTER, REV. RICHARD  
 14690 SW 41ST ST  
 MIRAMAR FL 33027**

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          | <b>CEO</b>                         | <input type="checkbox"/> Delete            |
| NAME           | <b>LEDGISTER, REV. RICHARD</b>     |  |
| STREET ADDRESS | <b>14690 SW 41ST ST</b>            |  |
| CITY-ST-ZIP    | <b>MIAMAR FL</b>                   |  |
| TITLE          | <b>S</b>                           | <input type="checkbox"/> Delete            |
| NAME           | <b>BROWN, DEAVELYN</b>             |  |
| STREET ADDRESS | <b>84 NE 205 TERRACE</b>           |  |
| CITY-ST-ZIP    | <b>N MIAMI BEACH FL</b>            |  |
| TITLE          | <b>D</b>                           | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>WHITE, VERNAL</b>               |  |
| STREET ADDRESS | <b>18625 NW 5TH CT</b>             |  |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                    |  |
| TITLE          | <b>T</b>                           | <input type="checkbox"/> Delete            |
| NAME           | <b>STEVENS, VICTORIA</b>           |  |
| STREET ADDRESS | <b>3390 FOXCROFT RD., APT C115</b> |  |
| CITY-ST-ZIP    | <b>MIRAMAR FL</b>                  |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Delete            |
| NAME           | <b>MONES, MONICA</b>               |  |
| STREET ADDRESS | <b>9261 NW 18 ST</b>               |  |
| CITY-ST-ZIP    | <b>PEMBROKE PINES FL</b>           |  |
| TITLE          | <b>D</b>                           | <input type="checkbox"/> Delete            |
| NAME           | <b>LOURIS, DIXON</b>               |  |
| STREET ADDRESS | <b>7721 GRANDVIEW BLVD</b>         |  |
| CITY-ST-ZIP    | <b>MIRAMAR FL</b>                  |  |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          | <b>D</b>               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>EARLE DONOVAN</b>   |  |
| STREET ADDRESS | <b>610 NW 18TH ST.</b> |  |
| CITY-ST-ZIP    | <b>MIAMI, FL 33169</b> |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **LEDGISTER**

**MAY 7 2001 305-652-7336**

CR2E037 (10/00)