

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90034 048 ****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**

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

59-2741911

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

**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 Delete
 NAME **CEO**
 STREET ADDRESS **LEDGISTER, REV. RICHARD**
 CITY-ST-ZIP **14690 SW 41ST ST
 MIAMAR FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~**S BROWN, DEAVELYN**~~
 STREET ADDRESS ~~**84 NE 205 TERRACE**~~
 CITY-ST-ZIP ~~**N MIAMI BEACH FL**~~

TITLE Change Addition
 NAME **S POWELL, HORTENSE**
 STREET ADDRESS **10441NW 5 AVE**
 CITY-ST-ZIP **MIAMI, FL. 33150**

TITLE Delete
 NAME **D DONOVAN, EARLE**
 STREET ADDRESS **610 NW 187TH ST**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME ~~**T STEVENS, VICTORIA**~~
 STREET ADDRESS ~~**3990 FOXCROFT RD., APT C113**~~
 CITY-ST-ZIP ~~**MIRAMAR FL**~~

TITLE Change Addition
 NAME **T SEQUEIRA, PAULETTE**
 STREET ADDRESS **115 NW 206 TERRACE**
 CITY-ST-ZIP **MIAMI, FL. 33169**

TITLE Delete
 NAME **D MONES, MONICA**
 STREET ADDRESS **9261 NW 18 ST**
 CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D LOURIS, DIXON**
 STREET ADDRESS **7721 GRANDVIEW BLVD**
 CITY-ST-ZIP **MIRAMAR FL**

TITLE Change 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 my address, with all other like empowered.

SIGNATURE: **RICHARD LEDGISTER** 01/28/02 (305)652-7336

CR2E037 (9/01)