


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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90249 042 ****70.00

DOCUMENT # N21290

1. Entity Name
SIERRA NORWOOD CALVARY BAPTIST CHURCH, INC.



Principal Place of Business
**495 NW 191 STREET
MIAMI FL 33169**

Mailing Address
**495 NW 191 STREET
MIAMI FL 33169**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2741911** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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 | CEO | <input type="checkbox"/> Delete |
| NAME | LEDGISTER, REV. RICHARD | |
| STREET ADDRESS | 14690 SW 41ST ST | |
| CITY-ST-ZIP | MIAMAR FL | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | POWER, ROBERT | |
| STREET ADDRESS | 1044 MOYSE AVE | |
| CITY-ST-ZIP | MIAMI FL 33150 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DONOVAN, EARLE | |
| STREET ADDRESS | 610 NW 187TH ST | |
| CITY-ST-ZIP | MIAMI FL 33169 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | SEQUEIRA, RAQUEL | |
| STREET ADDRESS | 115 NW 300 TERRACE | |
| CITY-ST-ZIP | MIAMI FL 33169 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MONES, MONICA | |
| STREET ADDRESS | 9261 NW 18 ST | |
| CITY-ST-ZIP | PEMBROKE PINES FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LOURIS, DIXON | |
| STREET ADDRESS | 7721 GRANDVIEW BLVD | |
| CITY-ST-ZIP | MIRAMAR FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BEECHAM, HOLLY | |
| STREET ADDRESS | 10010 MYRTLE Ct. | |
| CITY-ST-ZIP | Miramamar, FL. 33025 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TACOSTA, AYANNA | |
| STREET ADDRESS | 19733 NW 85 CT. | |
| CITY-ST-ZIP | MIAMI, FL. 33015 | |
| 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, 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 to an address, with all other like empowered.

SIGNATURE: _____ **REQUIRED**

April 21 2003 (954) 430-2592

CR2E037 (10/02)