

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90024 037 \*\*\*\*61.25

**DOCUMENT # N51085**

1. Entity Name

**BIRD ROAD BAPTIST CHURCH (INCORPORATED)**

Principal Place of Business

Mailing Address

**8476 BIRD ROAD  
 MIAMI FL 33155**

**8476 BIRD ROAD  
 MIAMI FL 33155**

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

**59-6015289**

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

**VISSER, JOHN  
 8476 BIRD ROAD  
 MIAMI FL 33155**

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 **PD VANDER WAL, RAY, REV.**  
 STREET ADDRESS **5340 SW 88 CT.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME **TD**  
 STREET ADDRESS **MAYORAL, DAVID F.**  
 CITY-ST-ZIP **10300 SW 52 TERR.  
 MIAMI, FL 33165**

TITLE  Delete  
 NAME **TD BRIGHAM, DERWIN, REV.**  
 STREET ADDRESS **5270 SW 133RD AVE.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **CD VISSER, JOHN**  
 STREET ADDRESS **14721 SW 154 TERR.**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D HICKS, JULIUS**  
 STREET ADDRESS **6882 SW 148 AVE**  
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D ORESTES, MORA**  
 STREET ADDRESS **8410 SW 43 TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D ONETO, MIKE**  
 STREET ADDRESS **4189 SW 90 AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33165**

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 an address, with all other like empowered.

SIGNATURE:

**DAVID MAYORAL**

1-13-01

(305) 553-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)