

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

FILED

02 APR 26 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N51085** (1)  
1. Entity Name  
**BIRD ROAD BAPTIST CHURCH**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**8476 SW 40th STREET**  
Suite, Apt. #, etc.

3. Mailing Address  
**8476 BIRD ROAD**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FLORIDA 3**

4. FEI Number  
**59-6015289**

Applied For  
Not Applicable

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

Zip  
**33155**

Country  
**USA**

Zip  
**33155**

Country  
**DADE**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**DR. DAVID F. MAYORAL**

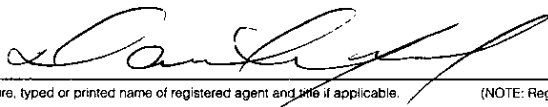
Street Address (P.O. Box Number is Not Acceptable)  
**5340 SW 88th COURT**

City  
**MIAMI**

FL

Zip Code  
**33165**

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 

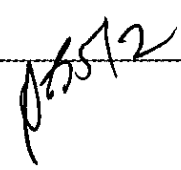
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

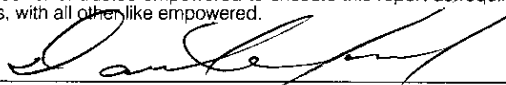
**FEE IS \$61.25  
Initial or Amended UBR**

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PASTOR DAVID F. MAYORAL 8476 BIRD ROAD MIAMI, FL 33155</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>400005462964--3 -05/06/02--01080--011 *****75.00 *****75.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUSTEE JOHN VISSER 8476 BIRD RD MIAMI, FL 33155</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TRUSTEE JULIUS HICKS 8476 BIRD ROAD MIAMI, FL 33155</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR MIRIAM MAYORAL 8476 BIRD ROAD MIAMI, FL 33155</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/16/02 (305) 553-0800**

CR2E037B (12/01)