

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003066

1. Entity Name

NORTH HIALEAH BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

5800 PALM AVE
HIALEAH FL 33012

5800 PALM AVE
HIALEAH FL 33012

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

59-0774197

Applied For

Not Applicable

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

RAMOS, DANIEL
220 SW 65TH WAY
PEMBROKE PINES FL 33023

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 re-registering)

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 D
EIKENBERRY, JAMES
STREET ADDRESS 3180 W. 10TH AVE.
CITY-ST-ZIP HIALEAH FL 33012

TITLE Change Addition
NAME LARRY WEEKS
STREET ADDRESS 740 S W 61 Ave
CITY-ST-ZIP Plantation, FL 33317

TITLE Delete
NAME D
RAMOS, DANIEL
STREET ADDRESS 220 SW 65 WAY
CITY-ST-ZIP PEMBROKE PINES FL 33023

TITLE Change Addition
NAME D
KEN DAVENPORT
STREET ADDRESS 1219 NW 161 AVE
CITY-ST-ZIP PEMBROKE, PINES FL 33028

TITLE Delete
NAME D
SELBY, DOROTHY
STREET ADDRESS 1826 W 44 PL #504
CITY-ST-ZIP HIALEAH FL 33012

TITLE Change Addition
NAME 300005193593
STREET ADDRESS -04/05/02--01006--012
CITY-ST-ZIP *****61.25 *****61.25

TITLE Delete
NAME D
NEALEY, MARY LU
STREET ADDRESS 891 W. 50TH STREET
CITY-ST-ZIP HIALEAH FL 33012

TITLE Change Addition
NAME [Handwritten Signature]
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME D
MILLER, JIMMY
STREET ADDRESS 1255 W 49 PL #B112
CITY-ST-ZIP HIALEAH FL 33012

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME D
ROSELLO, RENE G
STREET ADDRESS 12100 SW 271ST ST.
CITY-ST-ZIP HOMESTEAD FL 33032

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 6-7, 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] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02

305-821-4021

Date

Daytime Phone #

N94000003066
FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 MAR 21 PM 12:53

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DO NOT WRITE IN THIS SPACE

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