

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **N95000005913**

1. Entity Name

**FIRST REDEEM MISSIONARY BAPTIST CHURCH, INC.**

**FILED**  
**Jul 17, 2000 8:00 am**  
**Secretary of State**

07-17-2000 90073 034 \*\*\*\*70.00

Principal Place of Business <b>880 N.W. 54 STREET MIAMI FL 33127</b>	Mailing Address <b>880 N.W. 54 STREET MIAMI FL 33127-1816</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0736703</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**MILLER, WILL H**  
**16811 NW 24TH AVE**  
**OPA-LOCKA FL 33056**

**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.

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE NAME PD <b>DANIELS, HENRY W REV</b>	<input type="checkbox"/> Delete
STREET ADDRESS <del>100 N.W. 47 TERRACE</del>	
CITY-ST-ZIP <del>MIAMI FL 33127</del>	
TITLE NAME D <b>MILLER, MARY. GLORIA</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>16811 N.E. 24 AVENUE</b>	
CITY-ST-ZIP <b>MIAMI FL 33056</b>	
TITLE NAME VSTD <b>MILLER, WILL</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>16811 NW 24TH AVE</b>	
CITY-ST-ZIP <b>OPA LOCKA FL</b>	
TITLE NAME D <b>DANIELS, DEBORAH M</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>1874 SW 94TH TERR</b>	
CITY-ST-ZIP <b>MIRAMAR FL</b>	
TITLE NAME D <del>DANIELS, CLARENCE W</del>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS <del>100 N.W. 47 TERRACE</del>	
CITY-ST-ZIP <del>MIAMI FL</del>	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1874 S.W. 94th Terrace</b>	
CITY-ST-ZIP <b>Miramar, Fla. 33025</b>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>D Stewart, Sara Frances</b>	
CITY-ST-ZIP <b>101 N.W. 47th Terrace</b>	
CITY-ST-ZIP <b>Miami, Fla. 33127</b>	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Henry W. Daniels*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/5/00 (305) 758-4200**  
 Date Daytime Phone #

CR2E037 (9/99)