

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 880 N.W. 54 STREET MIAMI FL 33127	Mailing Address 880 N.W. 54 STREET MIAMI FL 33127-1816
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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 65-0736703	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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

**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

TITLE NAME	PD DANIELS, HENRY W REV	<input type="checkbox"/> Delete
STREET ADDRESS	100 N.W. 47 TERRACE	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE NAME	D MILLER, MARY GLORIA	<input type="checkbox"/> Delete
STREET ADDRESS	16811 N.E. 24 AVENUE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE NAME	VSTD MILLER, WILL	<input type="checkbox"/> Delete
STREET ADDRESS	16811 NW 24TH AVE	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE NAME	D DANIELS, DEBORAH M	<input type="checkbox"/> Delete
STREET ADDRESS	1874 SW 94TH TERR	
CITY-ST-ZIP	MIRAMAR FL	
TITLE NAME	D DANIELS, CLARENCE W	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	100 N.W. 47 TERRACE	
CITY-ST-ZIP	MIAMI FL	
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	1874 S.W. 94th Terrace	
CITY-ST-ZIP	Miramar, Fla. 33025	
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		
CITY-ST-ZIP		
TITLE NAME	D Stewart, Sara Frances	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	101 N.W. 47th Terrace	
CITY-ST-ZIP	Miami, Fla. 33127	
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)