

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2001 8:00 am
Secretary of State

09-13-2001 90004 047 ****61.25

DOCUMENT # N95000005913

1. Entity Name
FIRST REDEEM MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address
880 N.W. 54 STREET **880 N.W. 54 STREET**
MIAMI FL 33127 **MIAMI FL 33127**

0 1 0 9 0 4



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0736703** Applied For
 Not Applicable

Zip Country Zip Country 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

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

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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 **PD** Delete
 NAME **DANIELS, HENRY W REV**
 STREET ADDRESS **1874 SW 94TH TERRACE**
 CITY-ST-ZIP **MIRAMAR FL 33025**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MILLER, MARY GLORIA**
 STREET ADDRESS **16811 N.E. 24 AVENUE**
 CITY-ST-ZIP **MIAMI FL 33056**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VSTD** Delete
 NAME **MILLER, WILL**
 STREET ADDRESS **16811 NW 24TH AVE**
 CITY-ST-ZIP **OPA LOCKA FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DANIELS, DEBORAH M**
 STREET ADDRESS **1874 SW 94TH TERR**
 CITY-ST-ZIP **MIRAMAR FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DANIELS, CLARENCE W**
 STREET ADDRESS **101 NW 47TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33127**

Change Addition
 TITLE **P**
 NAME **Janet E. Carter**
 STREET ADDRESS **1500 NW 45th Street**
 CITY-ST-ZIP **Miami, FL 33142**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kentyn W. Daniels

Sep 9, 2001 954-4308317

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