

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 93647 008 \*\*\*\*69.00

**DOCUMENT # N95000005913**

1. Entity Name

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

Principal Place of Business

Mailing Address

**880 N.W. 54 STREET  
 MIAMI FL 33127**

**880 N.W. 54 STREET  
 MIAMI FL 33127**

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

**65-0736703**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**PD CARTER, RUBEN L. REV. PASTOR 1500 NW 45 Street Miami, FL 33142**  Change  Addition

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**D CARTER, JANET E 1500 NW 45TH STREET MIAMI FL 33142**  Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change  Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
**D DANIELS, HENRY REV. 1874 SW 94th TERRACE MIRAMAR, FL 33025**  Change  Addition

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: Ruben L. Carter 1/20/02 305-758-4200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)