

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90150 046 ****61.25

DOCUMENT # N98000004000

1. Entity Name

MT. TEMPLE MISSIONARY BAPTIST CHURCH, INC.



Principal Place of Business

**2356 N.W. 67 STREET
MIAMI FL 33147**

Mailing Address

**2356 N.W. 67 STREET
MIAMI FL 33147**

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 **65-0847383**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STATON, ANGELA
17710 NW 14 AVE
MIAMI FL 33169**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCD DANIELS, SAMMY T 1742 NW 51 TERR MIAMI FL 33142 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCT SINGLETON, EDWARD 1721 NW 91 ST MIAMI FL 33147 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCB BACON, KELVIN 14800 NW 3 AVE MIAMI FL 33162 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS STATON, ANGELA M 17710 NW 14 AVE MIAMI FL 33169 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCRAE, WILLIE REV 19801 NW 5 AVE MIAMI FL 33169 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: *[Signature]* **DANIELS, SAMMY T. 2-2-03-305-693-8142**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR