

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90051 041 ****70.00

DOCUMENT # 701200

1. Entity Name

SWEETFIELD BAPTIST CHURCH INCORPORATED, OF MIAMI

Principal Place of Business

Mailing Address

3585 PLAZA STREET
 MIAMI FL 33133
 US

3585 PLAZA STREET
 MIAMI FL 33133-5725
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-0184000

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

MCFADDEN, EARNEST
6250 S.W. 58 PLACE
MIAMI FL 33143

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

Earne M. McFadden

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	D	<input type="checkbox"/> Delete
NAME	BELL HALL, ANNIE	
STREET ADDRESS	3848 ELIZABETH STREET	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURRY, DAISY	
STREET ADDRESS	1400 NW 118 STREET	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARKER, EMANUEL	
STREET ADDRESS	21935 S.W. 109 AVENUE	
CITY-ST-ZIP	MIAMI FL 33170	
TITLE	S	<input type="checkbox"/> Delete
NAME	VICKERS, TERRI	
STREET ADDRESS	6100 S.W. 68TH STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ELZIE, JACKSON	
STREET ADDRESS	3001 N.W. 55 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, VIOLA	
STREET ADDRESS	3512 WILLIAMS	
CITY-ST-ZIP	MIAMI FL 33133	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Earne M. McFadden* **President** Date: **2/20/00** Daytime Phone #: **666-8972**

CR2E037 (9/99)