

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 20, 2001 8:00 am
Secretary of State

07-20-2001 90006 037 ****70.00

DOCUMENT # 701200

1. Entity Name
SWEETFIELD BAPTIST CHURCH INCORPORATED, OF MIAMI

Principal Place of Business
3585 PLAZA STREET
MIAMI FL 33133
US

Mailing Address
3585 PLAZA STREET
MIAMI FL 33133
US

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

4. FEI Number **05-0184000** **Applied For**
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
MCFADDEN, EARNEST
6250 S.W. 58 PLACE
MIAMI FL 33143

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]* **7-8-01**
 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
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 NAME	<input type="checkbox"/> Delete D BELL, ANNIE	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3848 ELIZABETH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33133	CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Delete D CURRY, DAISY	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1400 NW 116 STREET	STREET ADDRESS	<i>Mattie King</i>
CITY-ST-ZIP	MIAMI FL 33167	CITY-ST-ZIP	<i>11251 Newell Ln. Miami Fl. 33176</i>
TITLE NAME	<input type="checkbox"/> Delete T PARKER, EMANUEL	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	21935 S.W. 109 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33170	CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete S VICKERS, TERRI	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6100 S.W. 68TH STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete VP ELZIE, JACKSON	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3001 N.W. 55 STREET	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	CITY-ST-ZIP	
TITLE NAME	<input checked="" type="checkbox"/> Delete D JONES, VIOLA	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3512 WILLIAMS	STREET ADDRESS	<i>BETH J. COBB</i>
CITY-ST-ZIP	MIAMI FL 33133	CITY-ST-ZIP	<i>13953 Monroe St Miami Fla. 33176</i>

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]* **SIGNATURE REQUIRED** **07 08 01 - 305-971-8948**

CR2E037 (5/01)