

FILED
Jun 04, 2003 8:00 am
Secretary of State

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

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5/1

05-01-2003 90501 001 ****61.25
 05-01-2003 90501 002 *****8.75

DOCUMENT # 701200

1. Entity Name
**SWEETFIELD BAPTIST CHURCH INCORPORATED, OF MIAMI
 , DADE COUNTY, FLORIDA**

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

City & State

Zip Country Zip Country



55046277



CHECK HERE IF MAKING CHANGES

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
**VICKERS, JULIA
 6104 S.W. 68 PLACE STREET
 MIAMI FL 33143**

7. Name and Address of New Registered Agent
 Name **Earnest McFadden**
 Street Address (P.O. Box Number is Not Acceptable)
6250 S.W. 58 PL.
 City **Miami, FL.** FL Zip Code **33143**

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: *Julia V. Smith* DATE: **6-01-03**

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

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	D BELL HALL, ANNIE 3848 ELIZABETH STREET MIAMI FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRINGER, MATTIE 11251 NEW YORK DR MIAMI FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STRINGER, MATTIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11251 DOUGLAS RD. DIRECTOR MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARKER, EMANUEL 21935 S.W. 109 AVENUE MIAMI FL 33170	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Parker, Emanuel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3855 Grand Ave TREASURER Miami, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VICKERS, TERRI 6100 S.W. 68TH STREET MIAMI FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VICKERS, JULIA 6104 SW 68 STREET MIAMI FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBBS, BETTY J 13933 MERCHNE STREET MIAMI FL 33136	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBBS, BETTY J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13933 MONRDE ST. DIRECTOR MIAMI, FL. 33136

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]* DATE: **2/24/03** DAYTIME PHONE: **305-666-8912**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)