

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701315

1. Entity Name

GREATER MIAMI YOUTH FOR CHRIST INC

Principal Place of Business

9350 SW 79TH AVENUE  
MIAMI FL 33156-7431

Mailing Address

PO BOX 561101  
MIAMI FL 33256-1101  
US

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

59-6033466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

~~BROWN, GARY D.  
9915 SW 79TH ST.  
MIAMI FL 33173~~

7. Name and Address of New Registered Agent

Name JOHN A. THOMPSON, JR., ATTY.

Street Address (P.O. Box Number is Not Acceptable)  
241 SEVILLA AVENUE

SUITE 100

City CORAL GABLES, FL FL Zip Code 33134

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

John A. Thompson Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS THOMPSON, JOHN A JR  
CITY-ST-ZIP 7785 SW 156 STREET  
MIAMI FL 33157

TITLE ☐ Delete  
NAME CD  
STREET ADDRESS BROWN, GEORGE  
CITY-ST-ZIP 9221 SW 70TH ST  
MIAMI FL 33173

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS BABCOCK, CALVIN H  
CITY-ST-ZIP 10105 SW 94 COURT  
MIAMI FL 33176

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS BENGTON, STURE  
CITY-ST-ZIP 10820 SW 74 COURT  
MIAMI FL 33156

TITLE ☒ Delete  
NAME D  
STREET ADDRESS BROWN, GARY D.  
CITY-ST-ZIP 9915 SW 73 ST  
MIAMI FL 33173

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ 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:

John A. Thompson Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

305 476 5092

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

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

05-01-2000 90445 015 \*\*\*\*61.25