

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 10, 2001 08:00 AM****Secretary of State****DOCUMENT # 701315**1. Entity Name
GREATER MIAMI YOUTH FOR CHRIST INCPrincipal Place of Business
9350 SW 79TH AVENUE
MIAMI FL 331567431Mailing Address
PO BOX 561101
MIAMI FL 33256 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
59-6033466Applied For
Not Applicable5. 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

THOMPSON JOHN AATTY
241 SEVILLA AVE
SUITE 100
CORAL GABLES FL 33134 USName
STOKES PAUL ATTY
Street Address (P.O. Box Number is Not Acceptable)
2 SOUTH BISCAYNE BLVD.
SUITE #3750
City MIAMI FL Zip Code 33131

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 **PAUL STOKES****09/10/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	TD	<input type="checkbox"/> Delete
NAME	BENGTSON STURE	
STREET ADDRESS	10820 SW 74 COURT	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BABCOCK CALVIN H	
STREET ADDRESS	10105 SW 94 COURT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BROWN GEORGE	
STREET ADDRESS	9221 SW 70TH ST	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	SD	<input type="checkbox"/> Delete
NAME	THOMPSON JOHN AJR	
STREET ADDRESS	7785 SW 156 STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRONSON DANIEL		
STREET ADDRESS	8520 SW 147TH STREET		
CITY-ST-ZIP	MIAMI FL 33158		
TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BABCOCK CALVIN H		
STREET ADDRESS	10105 SW 94 COURT		
CITY-ST-ZIP	MIAMI FL 33176		
TITLE	TD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN GEORGE		
STREET ADDRESS	9221 SW 70TH ST		
CITY-ST-ZIP	MIAMI FL 33173		
TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOKES PAUL		
STREET ADDRESS	2 SOUTH BISCAYNE BLVD. #3750		
CITY-ST-ZIP	MIAMI FL 33131		
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)(f), 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: DANIEL BRONSON

VD

09/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)