## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 20, 2002 8:00 am Secretary of State DOCUMENT # 701757 WESTVIEW BAPTIST CHURCH INC 05-20-2002 90366 048 \*\*\*\*70.00 Principal Place of Business Mailing Address 10301 N W 24TH AVE PO BOX 680879 MAMI FLORIDA 33167 NORTH MIAMI FL 33168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0914218 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) YOUNG, BARRY S 2071 S.W. 68TH WAY MIRAMAR FL 33023 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE PD ☐ Delete TITLE ☐ Addition (9/01 ☐ Change NAME young, barry r NAME STREET ADDRESS STREET ADDRESS 2071 S.W. 68TH WAY CITY-ST-ZIP CITY-ST-ZIP MIRAMAR FL 33023 vpd TITLE ☐ Delete TITLE Change ☐ Addition VPD young, patricia NAME MAYCOCK MARY H. 2320 NW 132 STREET STREET ADDRESS STREET ADDRESS 2071 SW 68TH WAY CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL. 33167 MIRAMAR FL 33023 SD TITLE Delete Change ☐ Addition MAYCOCK, MARY H YOUNG, DORISKA NAME 071 5W 68+ WAY STREET ADDRESS 2320 NW 132ND ST 7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR, PL. 33023 MIAMI FL 33167 Delete DITLE Change ☐ Addition GREGORY, WILLIE MAE NAME STREET ADDRESS STREET ADDRESS 1430 N.W. 39TH STREET CITY-ST-ZIP CITY-ST-7IP **MIAMI FL 33142** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

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 expowered. Dil 24 JOS (954)96

**FILED**