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

DOCUMENT#

1. Entity Name

701757

WESTVIEW BAPTIST CHURCH, INCORPORATED



FILED Apr 25, 2005 8:00 am Secretary of State

04-25-2005 90262 005 ****70.00

DO NOT	WRITE	IN THIS	SPACE
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•							
		3. Mailing Address			20045945 DO NOT WRITE IN THIS SPACE		
13301 NW 24th AVENUE Suite, Apt. #, etc.		Suite, Apt. #, etc.	P.O.BOX 680879				
Suite, Apt.	#, etc.	Suite, Apr. #, etc.		۱	O NOT WHITE IN THIS SE	ACE	
City & State	e	City & State		4. FEI Number		Applied For	
MIAMI, FLORIDA		NORTH MIAMI, FLORIDA		36-4527249 Not Apr		Not Applicable	
Zip 33167	Country U.S.A.	Zip 33168-0879	Country U.S.A	5. Certificate of Stat		68.75 Additional ee Required	
*	,			7. Name and Address of Current Registered Agent			
				DR. BARRY RONALD YOUNG			
	- DO NOT W	/RITE		Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE			2071 SW	2071 SW 68th WAY			
			Çiiy MIRAMA	A R	FL	Zin Code 33023	
9. The shove	named entity submits this statement	for the ourness of changing			a state of Florida I am far		
	ions of registered agent.	or the purpose of orienging	na registered onless or regis	norda agorn, or born, in an	is side of Frontier Familian	imar will, and accept	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (N	OTE: Registered Agent signature requ	ured when reinstating)	DATE		
	PP 10 404 0F	0 Floring (Campaign Financing	25.00	Make Chark	Describio de	
	FEE IS \$61.25 Initial or Amended UBR		Contribution.	\$5.00 May Be Added to Fees	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State		
- 13h	Initial of Amended Cox	alig.		Addd 10 1 003	r idriga peparu	Hent Of Otale	
10.	OFFICERS AND D					<u> </u>	
	IDENT/DIRECTOR/RI		NT TITLE				
NAME D.D.	DR. BARRY RONAL	NAME					
STREET ADDRESS	2071 SW 68th WAY	STREET ADDRESS					
CITY-ST-ZIP	MIRAMAR, FL 33023		CITY-ST-ZIP				
TITLE							
NAME	WILLIE MAE GREGO	NAME					
STREET ADDRESS	1430 NW 39th STREE	T	STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33142		CITY-ST-ZIP				
TITLE	SECRETARY/DIREC	TOR	TITLE				
NAME	MARY H. MAYCOCI	ζ	NAME				
STREET ADDRESS	2320 NW 132nd STRE	EET	STREET ADDRESS	DO.	NOT WOLL		
CITY-ST-ZIF	MIAMI, FL 33167		CITY-ST-ZIP	ו טע	NOT WRIT	E	
TITLE	TREASURER-DIREC	TOR	TITLE	INI T	HIS SPAC		
NAME	LIVIAN B. WASHINGTON		NAME	I VIII	HIS STAL	· 二	
STREET ADDRESS	12430 NW 20th COU		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33167		CITY-ST-ZIP				
TITLE			TITLE				
NAME			NAME			•	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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 on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Hour BARRY R. YOU

APRIL 18th, 2005

954-967-0237

CRZEU3/B (12/02)