

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701970

1. Entity Name

CHOSEN MISSIONARY BAPTIST CHURCH INC

Principal Place of Business

1641 NW AVE G  
P O BOX 174  
BELLE GLADE FL 33430

Mailing Address

1641 NW AVE G  
P O BOX 174  
BELLE GLADE FL 33430-0174

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1846826

Applied For

Not Applied For

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JONES, SANFORD T.  
908 NE 30 ST.  
BELLE GLADE FL 33430

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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	PD	<input type="checkbox"/> Delete
NAME	JONES, SANFORD T.	
STREET ADDRESS	908 NE 30 ST.	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROOKS, LURLINE	
STREET ADDRESS	1505 N.W. AVE. G	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEIERSDORFER, JAMES	
STREET ADDRESS	1508 1/2 NW12 ST.	
CITY-ST-ZIP	BELLA GLADE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAWSON, CURTIS	
STREET ADDRESS	600 NW AVENUE G	
CITY-ST-ZIP	BELLE GLADE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sanford Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-00

FILED  
Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90202 028 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE