

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702185

1. Entity Name

FIRST BAPTIST CHURCH OF SOUTH MIAMI (INCORPORATE

Principal Place of Business

6767 SUNSET DRIVE
SOUTH MIAMI FL 33143-4513

Mailing Address

6767 SUNSET DRIVE
SOUTH MIAMI FL 33143-4513

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

59-0714827

Applied For

Not Applicable

5. 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

RIGGINS, THOMAS
12830 SW 100TH AVE.
MIAMI FL 33176

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME JOYNER, TALMADGE
STREET ADDRESS 6200 SW 67TH AVE.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Change ☒ Addition
NAME Brooks, MARIE
STREET ADDRESS 450 Como Ave
CITY-ST-ZIP CORAL GABLES FL 33146-3508

TITLE DVP ☐ Delete
NAME HERNANDEZ, MIGUEL
STREET ADDRESS 1362 MEADOWS BLVD
CITY-ST-ZIP WESTON FL 33327

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

TITLE D ☐ Delete
NAME WHITMIRE, HELEN
STREET ADDRESS 7990 SW 64TH ST
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ Delete
NAME FOULIS, TIM
STREET ADDRESS 6821 SW 77 TERRACE
CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition
NAME Foulis, Jim
STREET ADDRESS
CITY-ST-ZIP

TITLE PS ☐ Delete
NAME RIGGINS, THOMAS
STREET ADDRESS 12830 SW 100TH AVE.
CITY-ST-ZIP MIAMI FL

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

TITLE M ☐ Delete
NAME ALTON, FOJTASEK
STREET ADDRESS 6767 SUNRISE DR
CITY-ST-ZIP SOUTH MIAMI FL 33143

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90071 017 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)