

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90082 003 *****61.25

DOCUMENT # 702185

1. Entity Name

FIRST BAPTIST CHURCH OF SOUTH MIAMI (INCORPORATE D)

Principal Place of Business

Mailing Address

6767 SUNSET DRIVE
 SOUTH MIAMI FL 33143-4513

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

ZIMMERMAN, DONNA G
 7050 SW 67 AVENUE
 MIAMI FL 33143

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 | <input type="checkbox"/> Delete |
| NAME | JOYNER, TALMADGE | |
| STREET ADDRESS | 6200 SW 67TH AVE. | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | HERNANDEZ, MIGUEL | |
| STREET ADDRESS | 1362 MEADOWS BLVD | |
| CITY-ST-ZIP | WESTON FL 33327 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WHITMIRE, HELEN | |
| STREET ADDRESS | 7990 SW 64TH ST | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FOULIS, JIM | |
| STREET ADDRESS | 6821 SW 77 TERRACE | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ZIMMERMAN, DR. JACK | |
| STREET ADDRESS | 7050 SW 67 AVENUE | |
| CITY-ST-ZIP | S MIAMI FL 33143 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ALTON, FOJTASEK | |
| STREET ADDRESS | 6767 SUNRISE DR | |
| CITY-ST-ZIP | SOUTH MIAMI FL 33143 | |

| | | |
|----------------|--------------------|--|
| TITLE | M | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Zimmerman, Donna | |
| STREET ADDRESS | 7050 SW 67 Ave | |
| CITY-ST-ZIP | S. Miami, FL 33143 | |
| 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 | | |
| 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)(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: *Donna Zimmerman* *2/12/02 (305) 661-4289*

CR2E037 (9/01)