2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 702185

1. Entity Name

FIRST BAPTIST CHURCH OF SOUTH MIAMI (INCORPORATE



07-11-2003 90054 035 ****61.25

FILED

Jul 11, 2003 8:00 am Secretary of State

D)				9				
6767 SUNSET DRIVE 6767		Mailing Address 6767 SUNSET DRIVE SOUTH MIAMI FL 33143-4	SUNSET DRIVE					
				_				
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address		1 (1 00) 1100 (100) (100)	DERIN DINEN TAN	fi 61014 10 5 f	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State				plied For	
Zip Country Z		Zip	ip Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name					
ZIMMERMAN, DONNA G 7050 SW 67 AVENUE			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL								
•			City	FL Zip Code				
			ampaign Financing Contribution.	\$5.00 May Be Added to Fees Solution Added to Fees Added to Fees				
10.	OFFICERS AND DIREC	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joyner, Talmadge 6200 SW 67TH AVE. Miami Fl	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
ITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HERNANDEZ, MIGUEL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M ZIMMERMAN, DONNA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	D FOULIS, JIM	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
iitle	P P	☐ Delete	TITLE			☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ZIMMERMAN, DR. JACK

7050 SW 67 AVENUE

S MIAMI FL 33143

FOJTASEK, ALTON

6767 SUNRISE DR

SOUTH MIAMI FL 33143

Delete

305-661-4289

☐ Change

Addition