

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 702353

1. Entity Name

NEW WORK ASSISTANCE FUND OF MIAMI BAPTIST ASSO

Principal Place of Business

7855 SW 104TH STREET
MIAMI FL 33156
US

Mailing Address

7855 SW 104TH STREET
SUITE 210
MIAMI FL 33156
US

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEELAND, DAVID
7855 SW 104TH STREET
MIAMI FL 33156

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
NAME BAGGETT, BILL
STREET ADDRESS 23701 SW 167TH AVE
CITY-ST-ZIP HOMESTEAD FL



TITLE STD
NAME VAN TASSEL, MASON H
STREET ADDRESS 7855 SW 104 ST STE 210
CITY-ST-ZIP MIAMI FL 33156



TITLE VPD
NAME GLASFORD, FRANK
STREET ADDRESS 2755 NW 168 TERR
CITY-ST-ZIP OPA LOCKA FL 33056



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

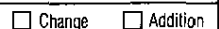


11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

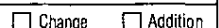
TITLE PD
NAME JOHNSON, GARY
STREET ADDRESS 7701 SW 98 ST
CITY-ST-ZIP MIAMI, FL 33156



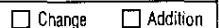
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NAME
STREET ADDRESS
CITY-ST-ZIP



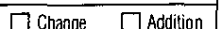
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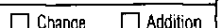
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90023 044 *****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)