

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90054 050 ****61.25

UBR 0000

DOCUMENT # 706460

1. Entity Name

FIRST BAPTIST CHURCH OF CUTLER RIDGE, INC.

Principal Place of Business

Mailing Address

**CUTLER RIDGE INC
 10301 CARIBBEAN BOULEVARD
 MIAMI FL 33189**

**CUTLER RIDGE INC
 10301 CARIBBEAN BOULEVARD
 MIAMI FL 33189**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0979922

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TATEM, MICHAEL A REV
 9881 SW 190 STREET
 MIAMI FL 33157**

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 Delete
 NAME **TD BRANAN, CHARLES**
 STREET ADDRESS **7960 SW 173 TERR.**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CHANDLER, DANNY**
 STREET ADDRESS **10601 SW 199 ST.**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HAMILTON, GARY**
 STREET ADDRESS **9710 BAHAMA DR.**
 CITY-ST-ZIP **MIAMI FL 33189**

TITLE Change Addition
 NAME **D Hamilton, Gary**
 STREET ADDRESS **15885 SW 272 Street**
 CITY-ST-ZIP **Homestead, FL 33031**

TITLE Delete
 NAME **ST BARROWS, PATTI**
 STREET ADDRESS **18550 S.W. 93 AVE.**
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: _____

Patti Barrows
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 11, 2002

Date

305-235-2133

Daytime Phone #

CR2E037 (9/01)