

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706494

1. Entity Name

SOUTH MIAMI HEIGHTS BAPTIST CHURCH, INC.

Principal Place of Business

11295 QUAIL ROOST DRIVE
MIAMI FL 33157-6542
US

Mailing Address

11295 QUAIL ROOST DRIVE
MIAMI FL 33157-6542
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

59-6032414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARCHOBALD, HENSON
9120 CARIBBEAN BLVD.
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

Mr. Henson Archibald

Street Address (P.O. Box Number is Not Acceptable)

9120 Caribbean Blvd.

City

Miami

FL

Zip Code
33157

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

Henson Archibald

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-11-01

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 D ☒ Delete
NAME ROSS-HUDSON, BERYL
STREET ADDRESS 11720 SW 169TH TERR.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ Delete
NAME STIMPSON, MICHAEL
STREET ADDRESS 15621 S.W. 51 TERR
CITY-ST-ZIP MIAMI FL 33185

TITLE D ☐ Delete
NAME THOMPSON, MONICA
STREET ADDRESS 20613 SW 122 AVE
CITY-ST-ZIP MIAMI FL 33177

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Mr Glenn Carey
STREET ADDRESS 12950 SW 191 St.
CITY-ST-ZIP Miami, FL 33177

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

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

TITLE ☐ Change ☐ Addition
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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:

Michael Stimpson Michael Stimpson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-01

Date

305-653-0635

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90031 006 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)