## 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# 706494** 

FILED Aug 18, 2002 Secretary of State

Entity Name: SOUTH MIAMI HEIGHTS BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

11295 QUAIL ROOST DRIVE MIAMI, FL 331576542 US

Current Mailing Address: New Mailing Address:

11295 QUAIL ROOST DRIVE MIAMI, FL 331576542 US

FEI Number: 59-6032414 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARCHOBALD, HENSON
9120 CARIBBEAN BLVD.
MIAMI, FL 33157 US

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9120 CARIBBEAN BLVD.
MIAMI, FL 33157 US

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 08/18/2002

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: CAREY, GLENN MR Name: CAREY, GLENN MR

Address: 12950 SW 191 STREET Address: 12950 SW 191 STREET

City-St-Zip: MIAMI, FL 33177

City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: STIMPSON, MICHAEL Name: BROWN JR., LLOYD MR

Address: 15621 S.W. 51 TERR Address: 17331 S.W. 119 CT.
City-St-Zip: MIAMI, FL 33185 City-St-Zip: MIAMI, FL 331772216 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: THOMPSON, MONICA MS.

Address: 20613 SW 122 AVE City-St-Zip: MIAMI, FL 33177 City-St-Zip: MIAMI, FL 33177 MIAMI, FL 33177 City-St-Zip: MIAMI, FL 33177 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MR. LLOYD BROWN JR D 08/18/2002