FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with an address

SIGNATURE

## Feb 20, 2002 8:00 am § Secretary of State **DOCUMENT # 708820** 1. Entity Name 02-20-2002 90020 005 \*\*\*\*61.25 CENTRAL MISSIONARY BAPTIST CHURCH OF WEST HOLLYW OOD, INC. Principal Place of Business Mailing Address 5001 SW 20 ST 5001 SW 20 ST HOLLYWOOD FL 33023 HOLLYWOOD FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2536313 Not Applicable Zìp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Acceptable) FERGUSON, OBADIAH **5700 MAYO STREET** HOLLYWOOD FL 33023 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FIGE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE **REV** TITLE Delete Change **Addition** Abaron Wunn NAME MCCREA, DR. JACOB NAME STREET ADDRESS 5001 SW 20TH ST 2441 W. UtOPIA DRIVE STREET ADDRESS CITY-ST-ZIP WEST HOLLYWOOD FL 33023 CITY-ST-ZIP MICAMAN, FI 33023 TITLE TITLE X Delete ☐ Change Addition NAME MOTES, JOHN nna Williaus NAME STREET ADDRESS |5613 SW 20 ST STREET ADDRESS 9121 N.W 44 CITY-ST-ZIP CITY-ST-ZIP. W HOLLYWOOD FL TITLE i Delete badiah FERGUSON FERGUSON, OBADIAH NAME STREET ADDRESS 5001 SW 20TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST HOLLYWOOD FL 33023 TITLE Addition Rosalind TACKSON Brown NAME ADAMS, GEORGE NAME STREET ADDRESS STREET ADDRESS 1144 N.E. 209Terr 5001 SW 20TH ST. CITY-ST-ZIP CITY-ST-ZIP North MIAMI Beach, F1 33179 <u>West Hollywood FL 33023</u> TITLE TITLE Addition NAME MCCREA, SAMUEL THEIMA REQUES Adams NAME STREET ADDRESS 4430 SW 19TH ST STREET ADDRESS 20020 NW 13H AV CITY-ST-ZIP CITY-ST-ZIP west hollywood fi TITLE ☐ Delete TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if