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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 710454

ZION HILL MISSIONARY BAPTIST CHURCH, INCORPORATE

Principal Place of Business 2385 N.W. 60TH STREET MIAMI FL 33142

Mailing Address

2385 N.W. 60TH STREET MIAMI FL 33142

2. Principal Place of Business	3. Mailing Address .
Suite, Apt. #, etc.	Suite, Apt. #, etc.



FILED

Jun 20, 2002 8:00 am

Secretary of State 06-20-2002 90061 032 ****61.25

DO NOT WRITE IN THIS SPACE

6 Name	and Address of Curre	ent Registered Agent		7. Name and Address of New Register	ed Agent
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		4. FEI Number 65-0058796	Applied For , Not Applicable

SHELTON-WILLIAMS, MARY 1323 NW 15 AVENUE FORT LAUDERDALE FL 33311

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

			,	
Name				
Street Address (P.O. Box Num	ber is Not Acceptabl	le)		
<u> </u>	115-11-	*		
City			Zin Codo	

Make Check Payable to

☐ Change

☐ Addition

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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	PERSONS, JIMMIE L REV		NAME		_ ,	_
	13233 SW 255TH TERR		STREET ADDRESS			1
	MIAMI FL		CITY-ST-ZIP			
TITLE	SD	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	SHELTON-WILLIAMS, MARY		NAME			
STREET ADDRESS	1323 N.W. 15 AVE	•	STREET ADDRESS			1
CITY-ST-ZIP	FT-LAUDERDALE FL		CITY-ST-ZIP	and the second second		
TITLE	TD	☐ Delete	TITLE		☐ Change	Addition
NAME	HARRIS, CHARLIE		NAME			1
STREET ADDRESS	5240 NW 30 PL		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADORESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	Addition
NAME			NAME		- '	_
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

CITY-ST-ZIP 12. Thereby 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

STREET ADDRESS

TITLE

NAME

☐ Delete