

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2001 8:00 am
Secretary of State

08-14-2001 90007 028 ****61.25

DOCUMENT # 712240

1. Entity Name

HOPEWELL MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

**1961 N.W. 62ND STREET
MIAMI FL 33147-7846**

Mailing Address

**1961 N.W. 62ND STREET
MIAMI FL 33147-7846**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2478086**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESSEN, BEN
1208 AINSLEY BLDG
MIAMI FL 33132**

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
After September 12, 2001, min. will be \$236.25**

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 **S** ☐ Delete
NAME **JENKINS, CARLEATHER**
STREET ADDRESS **25 NW 125 STR**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **SMITH, RITA**
STREET ADDRESS **11343 NW 17TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **DP** ☐ Delete
NAME **SHEFFIELD, JESSIE J**
STREET ADDRESS **811 NW 66TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **JENKINS, LEON**
STREET ADDRESS **25 NW 125 STR**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ Delete
NAME **LEWIS, C. SMITH**
STREET ADDRESS **11343 NW 17TH AVE.**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: **JESSIE J SHEFFIELD**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Jessie J Sheffield** **08/14/01** **(305) 758-4273**
Date Daytime Phone #