

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90009 021 ****70.00

DOCUMENT # 712995

1. Entity Name

ST. MARY'S MISSIONARY BAPTIST CHURCH OF NORTH MI

Principal Place of Business

**1550 NE 152ND TERRACE
 NORTH MIAMI BEACH FL 33162**

Mailing Address

**1550 NE 152ND TERRACE
 NORTH MIAMI BEACH FL 33162**

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

**65-0987009
 NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MINCEY, LONNIE
 15151 NE 15TH CT.
 NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent

Name

CAMPBELL, MARY

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

1592 NE 151ST TERRACE

NORTH MIAMI BEACH

City

NORTH MIAMI BEACH, FL

Zip Code

33162

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

MRS. MARY CAMPBELL Mary Campbell

05-07-01

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**

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 **P** ☐ Delete
 NAME **MITCHELL, W. E. JR.**
 STREET ADDRESS **611 NW 177TH ST APT 108 2481 NW 175TH TERR**
 CITY-ST-ZIP **MIAMI FL 33056**

TITLE **VP** ☐ Delete
 NAME **MINCEY, LONNIE**
 STREET ADDRESS **15151 NE 15TH CT.**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **D** ☐ Delete
 NAME **MORRIS, CARMEN**
 STREET ADDRESS **20400 NW 20TH AVE 1860 NW 59TH ST**
 CITY-ST-ZIP **CAROL CITY FL 33058 MIAMI, FL 33142**

TITLE **D** ☐ Delete
 NAME **PAYNE, FREDDIE**
 STREET ADDRESS **125 NW 191 ST**
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **D** ☐ Delete
 NAME **CAMPBELL, MARY**
 STREET ADDRESS **1592 NE 151ST TERRACE**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **D** ☐ Delete
 NAME **CAMPBELL, JACKIE**
 STREET ADDRESS **13875 NW 22ND AVE #175**
 CITY-ST-ZIP **OPA LOCKA FL 33054 NORTH MIAMI BEACH**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☐ Addition
 NAME **UNIS TAYLOR**
 STREET ADDRESS **10 NW 153RD**
 CITY-ST-ZIP **MIAMI FL 33127**

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

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **1421 N.E. 150 ST.**
 STREET ADDRESS **OPA North Miami 33162**
 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: **J. Edw. Mitchell JR. PRES. MARY CAMPBELL** **05-07-01 (305) 624-6981**

CR2E037 (10/00)