

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717306

1. Entity Name

MIAMI SHORES BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

370 GRAND CONCOURSE
MIAMI SHORES FL 33138

370 GRAND CONCOURSE
MIAMI SHORES FL 33138

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

59-0700565

Applied For

Not Applicable

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

WILLIX, BRUCE E
12845 NW 1ST AVE
MIAMI FL 33168

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

Bruce E. Willix, President

4/10/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	☐ Delete
NAME	CHARLES, GAUDIN	
STREET ADDRESS	831 NE 142ND ST	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	V	☐ Delete
NAME	MITCHELL, ANTHONY	
STREET ADDRESS	125 NE 88TH ST	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	☐ Delete
NAME	BUENOCNSEJO, ROD	
STREET ADDRESS	9424 NW 1 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	☐ Delete
NAME	JONES, STEVE	
STREET ADDRESS	1060 NE 92ND ST	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	P	☐ Delete
NAME	WILLIX, BRUCE	
STREET ADDRESS	12845 NW 1ST AVE	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	☐ Delete
NAME	TURPIN, RICHARD III	
STREET ADDRESS	25 NE 139 ST	
CITY-ST-ZIP	MIAMI FL	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	☒ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	☒ 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		

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:

SIGNATURE REQUIRED

Bruce E. Willix, Pres. 4/10/02

954-370-8368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

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