2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90073 041 ****61.25

DOCUMENT # 720106

1. Entity Name

SOUTH DADE BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
17105 S.W. 296 ST. P.O. BOX 1589 HOMESTEAD FL. 33090-8589	17105 S.W. 296 ST. P.O. BOX 1589 HOMESTEAD FL. 33030-2551

DO NOT WRITE IN THIS SPACE

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 59-1141825 ☐ 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
DICKSON, DENNIS P DR 16901 SW 296 ST. HOMESTEAD FL 33030	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 Dr. Dennis P. Dickson, Pastor, C.E.O. 1-6-
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BUSH, NATHAN 14880 SW 296 ST LEISURE CITY FL 33033	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deacon Morrissey, John 29840 SW 172 ave. Homestead, FL 33030	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALDAY, HARRY 29924 SW 169 CT HOMESTEAD FL. 33030	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Schlicht, Kurt 20220 SW 315 St. Homestead, FL 33030	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHEELER, JOE 1538 NW 8 AVE HOMESTEAD FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Marcial, Louie 1513 Flamingo Ct. Homestead, FL 33035	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEARING, HERB 845 NW 12TH ST. HOMESTEAD FL 33030	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Williams, David 30535 SW 149 Ct. Homestead, FL 33030	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DICKSON, DENNIS P DR 16901 SW 296 ST. HOMESTEAD FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #