2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2001 8:00 am
Secretary of State
04-14-2001 90012 029 ****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 33090-8589

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

DICKSON, DENNIS P DR
16901 SW 296 ST.
HOMESTEAD FL 33030

7. Name and Address of New Registered Agent

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

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	D BITNER, ROBERT 1371 N. FIELDLOCK LANE HOMESTEAD, FLORIDA 33035	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORRISSEY, JOHN 29840 SW 172ND AVENUE HOMESTEAD FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELLS, GREG 533 NW 14 ST. HOMESTEAD, FLORIDA 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	[illegible]	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHLICHT, KURT 20220 SW 315TH STREET HOMESTEAD FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible]	☐ 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	[illegible]	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARCIAL, LOUIE 1515 FLAMINGO COURT HOMESTEAD FL 33035	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible]	☐ Change ☒ Addition

CR2E037 (10/00)

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: [illegible] SIGNATURE REQUIRED Dr. Dennis P. Dickson 1-25-01 (305) 2473516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #