

2002 UNIFORM BUSINESS REPORT (UBR)

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

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

CURTIS W PARKER

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

17105 SW 296 ST

City

HOMESTEAD

FL

Zip Code

33030

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

Curtis W Parker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/12/02

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 BITNER, ROBERT
STREET ADDRESS 1371 N FIELDLOCK LANE
CITY-ST-ZIP HOMESTEAD FL 33035

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

TITLE D ☐ Delete
NAME MORRISSEY, JOHN
STREET ADDRESS 29840 SW 172ND AVENUE
CITY-ST-ZIP HOMESTEAD FL 33030

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

TITLE D ☒ Delete
NAME WELLS, GREG
STREET ADDRESS 533 NW 14 STREET
CITY-ST-ZIP HOMESTEAD FL 33030

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

TITLE T ☐ Delete
NAME SCHLICHT, KURT
STREET ADDRESS 20220 SW 315TH STREET
CITY-ST-ZIP HOMESTEAD FL 33030

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

TITLE PD ☒ Delete
NAME DICKSON, DENNIS P DR
STREET ADDRESS 16901 SW 296 ST.
CITY-ST-ZIP HOMESTEAD FL 33030

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

TITLE T ☒ Delete
NAME MARCIAL, LOUIE
STREET ADDRESS 1515 FLAMINGO COURT
CITY-ST-ZIP HOMESTEAD FL 33035

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:

Kurt Schlicht
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/02

Date

305-205-4016

Daytime Phone #

CR2E037 (9/01)

5/15/11

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90680 037 ****61.25



DO NOT WRITE IN THIS SPACE