

DOCUMENT # 721991

1. Entity Name

MIAMI PRIMITIVE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

3611  
3611 NW 100TH ST  
CHURCH BLDG  
HOLLYWOOD FL 33024  
US20801 SAN SIMEON WAY  
MIAMI FL 33179  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-1756008

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

DRUMMOND, PAUL, JR  
9999 NE 2ND AVE, RM 305  
MIAMI SHORES FL 33138

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 \$61.259. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to FeesMake Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete  
NAME BAESSLER, FRED  
STREET ADDRESS 1243 WEST 72 ST  
CITY-ST-ZIP HIALEAH FL 33014TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☒ Delete  
NAME LAW, MARGARET  
STREET ADDRESS 4825 N.W. 101 PL.  
CITY-ST-ZIP MIAMI FL 33178TITLE D ☒ Change ☐ Addition  
NAME JUNE ZEISIG  
STREET ADDRESS 1902 S.W. 97th AVE.  
CITY-ST-ZIP MIAMAR FL 33025TITLE TD ☐ Delete  
NAME OWENS, ELMO L  
STREET ADDRESS 20801 SAN SIMEON WAY #205  
CITY-ST-ZIP MIAMI FL 33179TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE PD ☐ Delete  
NAME SUMMERFORD, H L  
STREET ADDRESS 5607 S.W. 36 CT.  
CITY-ST-ZIP HOLLYWOOD FL 33023TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE VD ☒ Delete  
NAME DASHNER, A.W.  
STREET ADDRESS 4825 N.W. 101 PL.  
CITY-ST-ZIP MIAMI FL 33178TITLE VD ☒ Change ☐ Addition  
NAME ALMA F. CAVES  
STREET ADDRESS 6421 THOMAS ST.  
CITY-ST-ZIP HOLLYWOOD FL 33024TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01  
Date305 653-6445  
Daytime Phone #

CR2E037 (10/00)

00439

FILED  
Jan 16, 2001 8:00 am  
Secretary of State

01-16-2001 90040 004 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE