

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90005 020 \*\*\*\*70.00

**DOCUMENT # 728234**

1. Entity Name

**GREATER ISRAEL BETHEL PRIMITIVE BAPTIST CHURCH**

*(LX)*

Principal Place of Business

Mailing Address

160 NORTHWEST 18TH ST.  
 MIAMI FL 33136-1718

160 NORTHWEST 18TH ST.  
 MIAMI FL 33136-1718

**A0077881**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1689749**

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

**BIVENS, ERNEST J.**  
**16121 NW 17TH PLACE**  
**MIAMI FL 33054**

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**  
**After September 12, 2001, min. will be \$236.25**

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  Delete  
 NAME **D FLOYD, GREGORY L**  
 STREET ADDRESS **19700 NW 12TH CT**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE  Change  Addition  
 NAME **C Ernest J. Bivens**  
 STREET ADDRESS **16121 N.W. 17 Place**  
 CITY-ST-ZIP **Miami, Florida 33054**

TITLE  Delete  
 NAME **PD WASHINGTON, KENNETH L**  
 STREET ADDRESS **16501 NW 23RD CT**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S BURCH, BARBARA**  
 STREET ADDRESS **1824 NW 5TH PL**  
 CITY-ST-ZIP **MIAMI FL 33136**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **T DUHART, BARTOW JR**  
 STREET ADDRESS **9120 NW 13TH AVE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD WILCOX, THELMA**  
 STREET ADDRESS **2000 NW 119TH STREET SUITE 923**  
 CITY-ST-ZIP **MIAMI FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **M JAMES, TINA**  
 STREET ADDRESS **2234 NORTHWEST 99 STREET**  
 CITY-ST-ZIP **MIAMI FL 33147**

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 *Ernest J. Bivens* REGISTERED TRUSTEE *Ernest J. Bivens* Champion 7/09/01 305-6218400

CR2E037 (5/01)