

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2001 8:00 am
Secretary of State

05-25-2001 90291 044 ****61.25

004646

DOCUMENT # 728235

1. Entity Name

SALEM BAPTIST CHURCH OF GREATER MIAMI, INC.

Principal Place of Business

Mailing Address

**2945 N.W. 62 STREET
MIAMI FL 33147**

**P.O. BOX 472723
MIAMI FL 33147**



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

59-2100830

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GRAVES, JOHN
3010 N.W. 92ND STREET
MIAMI FL 33147**

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.

(NOT 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 **P** ☐ Delete
NAME **MOZELL, ALPONZA**
STREET ADDRESS **1784 S E 6 AVE**
CITY-ST-ZIP **N. MIAMI BCH. FL 33162**

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

TITLE **VP** ☐ Delete
NAME **GRAVES, JOHN**
STREET ADDRESS **3010 N.W. 92ND STREET**
CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE **ST** ☐ Delete
NAME **STITT, MARTHA**
STREET ADDRESS **8900 N.W. 14TH AVE.**
CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE **D** ☐ Delete
NAME **GRAVES, ERIC**
STREET ADDRESS **3010 N W 92ND ST**
CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE **TD** ☐ Delete
NAME **MOZELL, LARRY**
STREET ADDRESS **2280 NW 66 ST**
CITY-ST-ZIP **MIAMI FL 33147**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Michael Stitt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01 305.836.6399

CR2E037 (10/00)