

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

000354

DOCUMENT # 728235

1. Entity Name

SALEM BAPTIST CHURCH OF GREATER MIAMI, INC.



Principal Place of Business

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

Mailing Address

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

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 **59-2100830**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MOZELL, ALPONZA	
STREET ADDRESS	1784 S E 6 AVE	
CITY-ST-ZIP	N. MIAMI BCH. FL 33162	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GRAVES, JOHN	
STREET ADDRESS	3010 N.W. 92ND STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STITT, MARTHA	
STREET ADDRESS	8900 N.W. 14TH AVE.	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	XXXX T	<input type="checkbox"/> Delete
NAME	XXXX GRAVES, ERIC	
STREET ADDRESS	3010 N W 92ND ST	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	XXXX D	<input type="checkbox"/> Delete
NAME	XXXX MOZELL, LARRY	
STREET ADDRESS	2280 NW 66 ST	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3010 N. W 92nd ST	
STREET ADDRESS	MIAMI, FL. 33147	
CITY-ST-ZIP	JOHN GRAVES	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATTIE KERSON	<input checked="" type="checkbox"/>
STREET ADDRESS	3310 N. W. 96th ST	
CITY-ST-ZIP	MIAMI, FL. 33147	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

MARTHA STITT

FINANCIAL SECRETARY

303-836-639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)