

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728484

1. Entity Name

SOUTH DADE BIBLE CHAPEL, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90063 038 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
%GENTRY, JAMES. E 8200 SW 112 ST MIAMI FL 33156 US	%GENTRY, JAMES. E 8200 SW 112 ST MIAMI FL 33156-4317 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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4. FEI Number	Applied For
23-7372961	<input type="checkbox"/> Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MAXEY, TOM
3001 PONCE DE LEON BLVD., ROOM 211
CORAL GABLES FL

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.

SIGNATURE _____ (NOTE: 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GENTRY, JAMES E.	
STREET ADDRESS	8200 SW 112 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ENGELMANN, ERIC	
STREET ADDRESS	239 PINECREST DR	
CITY-ST-ZIP	MIAMI SPGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKSTONE, PHIL	
STREET ADDRESS	37190 SW 212 AVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D PLAPPERT	<input type="checkbox"/> Delete
NAME	PLAPPERT, JOSEPH	
STREET ADDRESS	10210 SW 37 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, PAUL	
STREET ADDRESS	10960 SW 48TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	NELSON, ROBERT	
STREET ADDRESS	11275 SW 43 LN	
CITY-ST-ZIP	MIAMI FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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: *James E. Gentry* 4/20/00 (305) 378-6657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)