

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90117 028 ****61.25

DOCUMENT # 728484

1. Entity Name

SOUTH DADE BIBLE CHAPEL, INC.

Principal Place of Business

%GENTRY, JAMES. E
 8200 SW 112 ST
 MIAMI FL 33156
 US

Mailing Address

%GENTRY, JAMES. E
 8200 SW 112 ST
 MIAMI FL 33156
 US

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

23-7372961

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

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

Name **BARBARA E. HOLLINGER**

Street Address (P.O. Box Number is Not Acceptable)

10751 SW 92 AVE

City **MIAMI**

FL Zip Code **33176**

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 *Barbara E Hollinger*
 Signature, typed or printed name of registered agent and title if applicable.

BARBARA E. HOLLINGER
 (NOTE: Registered Agent signature required when reinstating)

2.05.02
 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 **PD** ☐ Delete
 NAME **GENTRY, JAMES E.**
 STREET ADDRESS **8200 SW 112 STREET**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
 NAME **BLACKSTONE, PHIL**
 STREET ADDRESS **37190 SW 212 AVE**
 CITY-ST-ZIP **HOMESTEAD FL**

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

TITLE **D** ☐ Delete
 NAME **PLAPPEST, JOSEPH**
 STREET ADDRESS **10210 SW 37 ST**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete
 NAME **JOHNSON, PAUL**
 STREET ADDRESS **10960 SW 48TH ST**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **CD** ☐ Delete
 NAME **NELSON, ROBERT**
 STREET ADDRESS **11275 SW 43 LN**
 CITY-ST-ZIP **MIAMI FL**

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:

Robert Nelson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/02
 Date

305 554 4680
 Daytime Phone #

CR2E037 (9/01)