

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90113 032 ****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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HOLLINGER, BARBARA E
10751 SW 42ND AVENUE
MIAMI FL 33176

*NOTE ADDRESS
CORRECTION*

7. Name and Address of New Registered Agent

Name

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

10751 92 AVE

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 *Barbara E Hollinger*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-17-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: *Barbara E Hollinger* **REQUIRED**

1-17-03 305-596-2223

CR2E037 (10/02)