2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2000 8:00 am Secretary of State DOCUMENT # **730069** 1. Entity Name ST. JAMES BAPTIST CHURCH OF COCONUT GROVE, INC. 01-31-2000 90021 007 ****70 00 Principal Place of Business Mailing Address 3500 CHARLES AVENUE 3500 CHARLES AVENUE MIAMI FL 33133-5714 MIAMI FL 33133-5714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-02 12093 Not ≜_{uu}iiiii Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SCOTT, (ALSTON J., SR.) 3318 FROW AVENUE MIAMI FL 33133 Zip Code FL 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete Change ☐ Addition TITLE NAME CHRISTIE. CHARLES B STREET ADDRESS STREET ADDRESS 6730 SW 62ND CT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 TITLE ☐ Delete ☐ Change TITLE Addition NAME COLLIER, WILLIS, SR NAME STREET ADDRESS STREET ADDRESS 3366 DAY AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL* Change Addition TITLE ☐ Delete TITLE JACKSON, JACQUELINE NAME NAME STREET ADDRESS 3610 OAK AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MIAMI FL ☐ Delete TITLE TTR TITLE Change Addition TAYLOR, PHYLLIS NAME NAME STREET ADDRESS STREET ADDRESS 3363 CHARLES AVENUE . CITY-ST-ZIP CITY-ST-7IP MIAMI FL TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. Taylor, Treasurer- 1/26/2000 (305)446-9174