

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90050 035 ****61.25

DOCUMENT # 737559

1. Entity Name

VILLAGE GREEN MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**4707 SW 127 AVE
 MIAMI FL 33175
 US**

**4707 SW 127 AVE
 MIAMI FL 33175
 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

05-0138508

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

**SALADO, JOE
 4707 SW 127 AVE
 MIAMI FL 33183**

Name
Harold Leeds

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

4707 SW 127 AVE

City
Miami

FL

Zip Code
33175

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. **3**

SIGNATURE

Harold Leeds, Harold Leeds, President

4/18/02

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

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 **SALGADO, JOE**
 STREET ADDRESS **4707 SW 127 AVE.**
 CITY-ST-ZIP **MIAMI FL**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Harold Leeds**
 STREET ADDRESS **4707 SW 127 ave**
 CITY-ST-ZIP **Miami Fla 33175**

TITLE **STD** ☐ Delete
 NAME **LEHNHARD, GARY**
 STREET ADDRESS **4707 SW 127 AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **STD** ☒ Change ☐ Addition
 NAME **Gary Lehnhard**
 STREET ADDRESS **4707 SW 127 ave**
 CITY-ST-ZIP **Miami-Fla 33175**

TITLE **VD** ☒ Delete
 NAME **SEVER, JACK**
 STREET ADDRESS **4707 SW 127 AVE**
 CITY-ST-ZIP **MIAMI FL**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Larry Munro**
 STREET ADDRESS **4707 SW 127 ave**
 CITY-ST-ZIP **Miami Fla 33175**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

DARY LEHNHARD GARY R Lehnhard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Date

386 2270

Daytime Phone #

CR2E037 (9/01)