

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739167

1. Entity Name

**SHENANDOAH BAPTIST CHURCH OF MIAMI, INC.**

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90020 037 \*\*\*\*61.50

**80066714**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>2225 S W 17 AVENUE MIAMI FL 33145</b>	Mailing Address <b>2225 S W 17 AVENUE MIAMI FL 33145-3801</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>59-0751931</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**RICHARDSON, ESTELLA C.  
1225 SW 20 ST.  
MIAMI FL 33145**

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 \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>FISH, HORACE</b>
STREET ADDRESS	<b>5984 NE 5 CT</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>ROBERTS, JACK</b>
STREET ADDRESS	<b>269 SW 19TH RD</b>
CITY-ST-ZIP	<b>MIAMI FL 33129</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>RICHARDSON, ESTELLA</b>
STREET ADDRESS	<b>1225 S.W. 20 STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33145</b>
TITLE	<b>SDT</b> <input type="checkbox"/> Delete
NAME	<b>WEBBER, MARY E</b>
STREET ADDRESS	<b>1961 S.W. 18 AVENUE</b>
CITY-ST-ZIP	<b>MIAMI FL 33145</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: MARY E WEBBER Fin. Sec'y Mary E. Webber 4-12-00 305 856-1647  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)