

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739167

1. Entity Name

SHENANDOAH BAPTIST CHURCH OF MIAMI, INC.

Principal Place of Business

2225 S W 17 AVENUE
MIAMI FL 33145

Mailing Address

2225 S W 17 AVENUE
MIAMI FL 33145

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

59-0751931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Josephine Cesin

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

2256 SW 16 Ct.

City

Miami

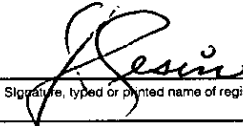
FL

Zip Code

33145

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



Church Treasurer

4-25-01

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

TITLE ☐ Delete
NAME **ROBERTS, JACK**
STREET ADDRESS **269 SW 19TH RD**
CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☒ Delete
NAME **RICHARDSON, ESTELLA**
STREET ADDRESS **1225 S.W. 20 STREET**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Delete
NAME **SDT WEBBER, MARY E**
STREET ADDRESS **1961 S.W. 18 AVENUE**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Church Treasurer**
STREET ADDRESS **Josephine Cesin**
CITY-ST-ZIP **2256 SW 16 Ct. Miami FL 33145**

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

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

TITLE ☐ Change ☐ Addition
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: *Mary E Webber*

Fin. Sec'y
Mary E Webber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

305 856-1647

Daytime Phone #

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90157 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)