

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90103 019 ****70.00

DOCUMENT # 741771

1. Entity Name

GREATER NEW BETHEL BAPTIST CHURCH, INC. OF OPA L OCKA

Principal Place of Business

Mailing Address

17025 N W 22ND AVENUE
 MIAMI FL 33056

17025 N W 22ND AVENUE
 MIAMI FL 33056
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1978757

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

BURLEY, ERNEST
18701 N.W. 24TH AVENUE
MIAMI FL 33056

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 _____

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	P	<input type="checkbox"/> Delete
NAME	HORTON, G DAVID	
STREET ADDRESS	17025 N W 22ND AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GEORGE BUTLER	
STREET ADDRESS	3031 N.W. 171ST TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBINSON, WILENE C	
STREET ADDRESS	4020 NW 191ST TERR	
CITY-ST-ZIP	CAROL CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ACHIE	
STREET ADDRESS	20800 NW. 34TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRYANT, BARBARA	
STREET ADDRESS	5961 N.W. 201 LANE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DONALD, BERNEST	
STREET ADDRESS	3422 NW 5TH AVENUE	
CITY-ST-ZIP	MIAMI FL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	17410 N.W. 46 Ave	
CITY-ST-ZIP	Miami FL.	
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-02

305-624-4928

CR2E037 (9/01)