## **2001 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment

SIGNATURE:

## May 02, 2001 8:00 am<sup>§</sup> Secretary of State **DOCUMENT # 746878** 1. Entity Name MOUNT VERNON MISSIONARY BAPTIST CHURCH, INC. 05-02-2001 90161 029 \*\*\*\*70.00 Mailing Address Principal Place of Business 6225 NW 22ND AVE. 6225 NW 22ND AVE. MIAMI FL 33147 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1914695 Not Applicable \$8.75 Additional Country ... Zip . . - Country - -Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WILLIAMS, LILLAR M. 2115 NW 90TH ST. MIAMI FL 33147 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition Change Delete TITLE TITLE MILLER, WILFRED A., JR. NAME NAME STREET ADDRESS STREET ADDRESS 9115 LITTLE RIVER DR. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Change : ☐ Delete TITLE TITLE WILLIAMS, WALTER\_J. NAME NAME STREET ADDRESS 10920 NW 26TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAM! FL ☐ Addition Change S ☐ Delete TITLE TITLE. MOMPLAISIR, STEPHANIE B NAME NAME STREET ADDRESS STREET ADDRESS 20180 NW 14TH CT CITY-ST-ZIP CITY-ST-ZIE MIAMI FL ☐ Addition Change: ☐ Delete TITLE TITLE ח WILLIAMS, WALTER J. NAME STREET ADDRESS STREET ADDRESS 10920NW 26TH AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE Change ☐ Addition TITLE CARTER, MARY E. NAME NAME STREET ADDRESS STREET ADDRESS 18300 NW 21ST AVE CITY-ST-ZIP CITY-ST-ZIP Miami Fl ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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