

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90054 009 ****61.25

DOCUMENT # 753267

1. Entity Name

GREATER FELLOWSHIP MISSIONARY BAPTIST CHURCH, IN C.

Principal Place of Business

Mailing Address

**2601 NW 65TH ST.
 MIAMI FL 33147
 US**

**2601 NW 65TH ST.
 MIAMI FL 33147
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-7532674

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**REESE, BOBBY L
 900 ORIENTAL BLVD.
 OPA LOCKA FL 33054**

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 ☐ Delete
 NAME **CHRM**
 STREET ADDRESS **REESE, BOBBY L**
 CITY-ST-ZIP **900 ORIENTAL BLVD.
 OPA LOCKA FL 33054**

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

TITLE ☐ Delete
 NAME **CHRT**
 STREET ADDRESS **JONES, WILLIE**
 CITY-ST-ZIP **21010 N.W. 30TH AVE.
 OPA LOCKA FL 33056**

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **BROWN, CHARLIE**
 CITY-ST-ZIP **12530 NW 11TH AVE
 MIAMI FL 33168**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **JONES, ELBERT**
 CITY-ST-ZIP **1700 N.W. 186TH STREET
 OPA LOCKA FL 33056**

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

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **MAXWELL, MARCHILL**
 CITY-ST-ZIP **5311 N.W. 27TH PLACE
 MIAMI FL 33142**

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: **BOBBY L REESE** REQUIRED

2/3/02 (305) 681-4857

CR2E037 (9/01)