2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State
01-08-2003 90085 047 ****61.25

DOCUMENT # 753267

1. Entity Name

GREATER FELLOWSHIP MISSIONARY BAPTIST CHURCH, INC.

55005096

Principal Place of Business	Mailing Address
2601 NW 65TH ST. MIAMI FL 33147 US	2601 NW 65TH ST. MIAMI FL 33147 US

☐ CHECK HERE IF MAKING CHANGES

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 59-7532674 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHRM REESE, BOBBY L 900 ORIENTAL BLVD. OPA LOCKA FL 33054	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rec. Sect Alter Williams 640 N.W. 77 St Miami Fl. 33147	☐ Change ☑ Addition Recording Secretary
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHRT JONES, WILLIE 21010 N.W. 30TH AVE. OPA LOCKA FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Cynthia Howard 20502 NW 23rd Ct. Opa Locka, Fl. 33056	☐ Change ☐ Addition Treasurer
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BROWN, CHARLIE 12530 NW 11TH AVE MIAMI FL 33168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JONES, ELBERT 1700 N.W. 186TH STREET OPA LOCKA FL 33056	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MAXWELL, MARCHILL 5311 N.W. 27TH PLACE MIAMI FL 33142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Willie Fred Jones Willie Jones 1/5/03 3056247989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #