2000 U[illegible] FORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State
03-31-2000 90098 031 ****61.25

DOCUMENT # 755405

1. Entity Name

BROWN'S CHAPEL MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business	Mailing Address
1323 NW 54 STREET 254 N.W. 51 STREET MIAMI FL 33142 US	254 NW 51 ST 1 SINGLE DWELLING MIAMI FL 33127-2159 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fla.	City & State: Miami
Zip: 331[illegible] Country:	Zip: Country: Dade

4. FEI Number: 59-1172941 ☐ 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
ROBINSON, WILLIAM 254 NW 51 ST MIAMI FL 33127	Name: Wm. Robinson Street Address (P.O. Box Number is Not Acceptable): 254 NW 51 St City: Miami 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 _____ 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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBINSON, WILLIAM 254 NW 51 ST MIAMI FL 33127 Pres	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pastor William Robinson 254 NW 51 St Miami Chair	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MOSS, DEACON MOSES 1323 NW 54TH ST MIAMI FL 33142 Trea.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T S HOPKINS, ELOISE 1323 NW 54 ST MIAMI FL 33142 Sec.	☐ 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
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CR2E037 (9/99)

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 REQUIRED Pres. William Robinson 305 (759-1738)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #