2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759264

1. Entity Name

ST. PAUL MISSIONARY BAPTIST CHURCH OF HOMESTEAD,

FILED
01 JAN -2 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
344 SW 4THA VE HOMESTEAD FL 33030	344 SW 4THA VE HOMESTEAD FL 33030

REINSTATEMENT DO NOT WRITE IN THIS SPACE 07

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 65-0197938 ☐ Applied For ☐ Not Applicable SD

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

6. Name and Address of Current Registered Agent

SCOTT, LEE
1129 NW 5TH AVENUE
FLORIDA CITY FL 33034 Lee Scott

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.

SIGNATURE Lee Scott 11-5-00

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
After September 13, 2000 min. will be $236.25

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 TOMLINSON, DONZO 1453 NW 1ST CT. FLORIDA CITY FL 33034	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARY SEALS 777 NE 11ST #419 HOMESTEAD FL 33030 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SEYMORE, CEZEL 241 SW 4TH AVE. HOMESTEAD FL 33030	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, REV. HENRY L. 26011 S.W. 130TH AVE. PRINCETON FL 33033	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100003532691--6 -01/11/01--01045-018 ****236.25 ☐ Change ☐ Addition ****236.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JENKINS, FANNIE 1511 NW 7TH AVE. FLORIDA CITY FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, LEE 1129 NW 5TH AVE. FLORIDA CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BUTLER, AARON. 1520 NW 19TH ST. HOMESTEAD FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/00)

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: Donzo Tomlinson SIGNATURE REQUIRED DONZO TOMLINSON 11/5/00 305-245-7000

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