FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2001 8:00 am Secretary of State **DOCUMENT # 759264** 09-12-2001 90015 038 ****70.00 ST. PAUL MISSIONARY BAPTIST CHURCH OF HOMESTEAD, Principal Place of Business Mailing Address 344 SW 4THA VE 344 SW 4THA VE P114/01/19 HOMESTEAD FL 33030 HOMESTEAD FL 33030 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0197938 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent والمستشيخة الما Street Address (P.O. Box Number is Not Acceptable) SCOTT. LEE 1129 NW 5TH AVENUE FLORIDA CITY FL 33034 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees After September 12, 2001, min. will be \$236.25 **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITI F ☐ Delete TITLE D ☐ Change **Addition** TOMLINSON, DONZO NAME NAME Thompson, Bruce 1453 NW 1ST CT. STREET ADDRESS STREET ADDRESS 26046 S.W. 130th Place FLORIDA CITY FL 33034 CITY-ST-ZIP CITY-ST-ZIP Homestead, FL 33030 Change TITLE ☐ Delete TITLE ☐ Addition SEYMORE, CEZEL NAME NAME 241 SW 4TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL 33030 CITY-ST-ZIP TITL F ☐ Delete TITTE Change Addition SEALS, MARY NAME NAME 777 N.E. 11TH ST., #419 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOMESTEAD FL 33030** TITLE ☐ Delete TITLE ☐ Change Addition SCOTT, LEE NAME NAME 1129 NW 5TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FLORIDA CITY FL TITLE ☐ Delete TITLE ☐ Change Addition **BUTLER, AARON** NAME NAME 1520 NW 19TH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOMESTEAD FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

O9/06/01

305-235-476(