

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 06, 2001 8:00 am**
Secretary of State

02-06-2001 90313 004 ****70.00

DOCUMENT # N00000001483

1. Entity Name

MARTIN LUTHER KING MISSIONARY BAPTIST CHURCH INC

Principal Place of Business

**900 N.W. 85TH ST.
MIAMI FL 33150**

Mailing Address

**900 N.W. 85TH ST.
MIAMI FL 33150**

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

65-0988062

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

**MARSHALL, PRESTON W JR.
900 N.W. 85TH ST.
MIAMI FL 33150**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	MARSHALL, PRESTON W JR.	900 N.W. 85TH ST. MIAMI FL 33150	<input type="checkbox"/>
	D	MARSHALL, MARGRET JR.	900 N.W. 85TH ST. MIAMI FL 33150	<input type="checkbox"/>
	D	DENNIS, WILLIAM	2221 RIVERDALE DR. NORTH MIRAMAR FL 33025	<input type="checkbox"/>
	D	NORVILLE, MILTON A DR.	21300 SAN SIMEON WAY MIAMI FL 33179	<input type="checkbox"/>
	D	GRAYSON, LOUELLA	8465 N.W. 12TH AVE. MIAMI FL 33150	<input type="checkbox"/>
	D	LAD-JENKINS, GLENDA	8840 N.W. 23RD AVE. MIAMI FL 33147	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)