

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90045 004 ****61.25

DOCUMENT # N00000004507

1. Entity Name

TRUTH MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**811 NW 54TH ST
 MIAMI FL 33127**

**775 NW 123 ST
 MIAMI FL 33168**

2. Principal Place of Business

4220 NW 7ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33127

USA

Country

4. FEI Number

65-1022909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

[Signature]
 Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/24/02
 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

TITLE **PD** ☐ Delete
 NAME **NEILLE, MAURICE L SR**
 STREET ADDRESS **3100 NW 5 AVE**
 CITY-ST-ZIP **MIAMI FL 33127**

TITLE **SD** ☐ Delete
 NAME **DUFFIE, LISA**
 STREET ADDRESS **3100 NW 5 AVE**
 CITY-ST-ZIP **MIAMI FL 33127**

TITLE **TD** ☐ Delete
 NAME **NEILLE, MECHELE**
 STREET ADDRESS **3100 NW 5 AVE**
 CITY-ST-ZIP **MIAMI FL 33127**

TITLE **D** ☐ Delete
 NAME **JONES, LEROY**
 STREET ADDRESS **3100 NW 5 AVE**
 CITY-ST-ZIP **MIAMI FL 33127**

TITLE **D** ☐ Delete
 NAME **JONES, LESA**
 STREET ADDRESS **3100 NW 5 AVE**
 CITY-ST-ZIP **MIAMI FL 33127**

TITLE **D** ☐ Delete
 NAME **MATTHEW, RAHMING**
 STREET ADDRESS **3100 NW 5 AVE**
 CITY-ST-ZIP **MIAMI FL 33127**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

[Signature]
 SIGNATURE REQUIRED

2/24/02
 DATE

Daytime Phone #

CR2E037 (9/01)