

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90503 028 ****70.00

DOCUMENT # N00000007151

1. Entity Name

HIGHER DIMENSIONS MISSIONARY BAPTIST FELLOWSHIP

Principal Place of Business

Mailing Address

PO BOX 680027
 MIAMI FL 33167

PO BOX 680027
 MIAMI FL 33167

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

65-1060634

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

JONES, JOE ANN
2870 NW 208 ST.
OPA LOCKA FL 33056

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.

(NOT: 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 **D** ☐ Delete
 NAME **BROOKS, CLAYBOURNE L JR**
 STREET ADDRESS **3931 NW 177 ST.**
 CITY-ST-ZIP **OPA LOCKA FL 33055-3853**

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

TITLE **DT** ☐ Delete
 NAME **SMITH, PAMELA**
 STREET ADDRESS **19940 NW 29 COURT**
 CITY-ST-ZIP **CAROL CITY FL 33056**

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

TITLE **DS** ☐ Delete
 NAME **RAY, ETHEL**
 STREET ADDRESS **20440 NW 20 AVE.**
 CITY-ST-ZIP **OPA LOCKA FL 33056**

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

TITLE **DS** ☐ Delete
 NAME **JONES, JOE ANN**
 STREET ADDRESS **2870 NW 177 ST.**
 CITY-ST-ZIP **OPA LOCKA FL 33056**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2870 N.W 208 ST**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 REQUIRED

Joe Ann Jones

5/3/01

CR2E037 (10/00)