

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91204 021 \*\*\*\*61.25

**DOCUMENT # N00000007244**

1. Entity Name  
**NORTHWEST DADE CHURCH OF CHRIST, INC.**



Principal Place of Business

**3990 N.W. 167TH ST  
MIAMI FL 33056**

Mailing Address

**3990 N.W. 167TH ST  
MIAMI FL 33056**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

**33054**

Country

Zip

**33054**

Country

4. FEI Number **65-1045487**

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

**CARTER, JAMES  
321 N. 72ND TERR.  
HOLLYWOOD FL 33024**

Name **Same Agent**

Street Address (P.O. Box Number is Not Acceptable)

**21395 N.W. 9th Court #203**

City **miami**

FL

Zip Code **33169**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **HOLDEN, ALONZA**  
STREET ADDRESS **2740 N.W. 175TH ST.**  
CITY-ST-ZIP **MIAMI FL 33056**

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

TITLE **VD** ☐ Delete  
NAME **WILLIAMS, EDDIE**  
STREET ADDRESS **18808 N.W. 52ND COURT**  
CITY-ST-ZIP **OPA LOCKA FL 33055**

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

TITLE **S** ☐ Delete  
NAME **CARTER, JAMES**  
STREET ADDRESS **321 NORTH 72ND TERRACE**  
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **SECRETARY** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **21395 N.W. 9TH COURT #203**  
CITY-ST-ZIP **MIAMI, FLORIDA 33169**

TITLE **TD** ☐ Delete  
NAME **PHILLIPS, KEVIN**  
STREET ADDRESS **709 N.W. 47TH STREET**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

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

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**

**2/6/03 (9st) 274-4066**

CR2E037 (10/02)