

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2005 8:00 am
Secretary of State

DOCUMENT # *N-01000006923*

1. Entity Name

GOLGOTHA BAPTIST Church Inc



05-05-2005 90132 001 ****61.25
05-05-2005 90132 002 *****8.75
05-05-2005 90132 003 *****5.00

DO NOT WRITE IN THIS SPACE

66015554

2. Principal Place of Business

8301 NE 2nd AVENUE

Suite, Apt. #, etc.

3. Mailing Address

12220 NW 17th PL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI Fla

City & State

MIAMI Fla

4. FEI Number

01-0593919

Applied For

Not Applicable

Zip

33138

Country

Zip

33167

Country

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name *Rev. Charles D. Jean-Baptiste*

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

12220 NW 17th PL

City *MIAMI*

FL

Zip Code

33167

**DO NOT WRITE
IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution.

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**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE *P= Rev. Charles D. Jean-Baptiste*
NAME *12220 NW 17th PL*
STREET ADDRESS *MIAMI Fla 33167*
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *S= Mrs. ELVIRA CALIZAIRE*
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *T= Thomas CASSAMAJOR*
NAME *12220 NW 17th PL*
STREET ADDRESS *MIAMI Fla 33167*
CITY-ST-ZIP

TITLE
NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Handwritten Signature

CR2E037B (12/02)