

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

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90998 031 \*\*\*\*61.25

**DOCUMENT # N02000005016**

1. Entity Name

**FIRST TABERNACLE MISSIONARY BAPTIST CHURCH INC.**



Principal Place of Business

**51 NE 183RD ST  
MIAMI FL 33179**

Mailing Address

**51 NE 183RD ST  
MIAMI FL 33179**

**44003341**

2. Principal Place of Business

**51 NE 183RD ST**  
Suite, Apt. #, etc.

3. Mailing Address

**51 NE 183RD ST**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES



City & State

**Miami FL**

City & State

**Miami FL**

**01-0734560**

Applied For

Not Applicable

Zip

**33179**

Country

**DADE**

Zip

**33179**

Country

**DADE**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MUNGIN, SHERMAN  
51 NE 183RD ST  
MIAMI FL 33179**

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. 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

TITLE **PD** ☐ Delete  
NAME **MUNGIN, SHERMAN REV**  
STREET ADDRESS **51 NE 183RD ST**  
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **VO** ☐ Delete  
NAME **NOEL, GHILER**  
STREET ADDRESS **12730 NW 17TH AVE**  
CITY-ST-ZIP **MIAMI FL 33187**

TITLE **SD** ☐ Delete  
NAME **ADAMS, COURTNEY**  
STREET ADDRESS **8413 NW 183RD LANE**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE **TD** ☐ Delete  
NAME **ADAMS, BEVERLY**  
STREET ADDRESS **8413 NW 183RD LANE**  
CITY-ST-ZIP **MIAMI FL 33015**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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:

**SHERMAN MUNGIN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-27-03 (305) 6248335**

CR2E037 (10/02)

DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
HOLTSVILLE NY 00501

Attachment  
DATE OF THIS NOTICE: 07-19-2002  
NUMBER OF THIS NOTICE: CP 575 F  
EMPLOYER IDENTIFICATION NUMBER: 01-0734560  
FORM: SS-4  
0133656037 0

44003341

# No 2000005016

FIRST TABERNACLE MISSIONARY BAPTIST  
% REV SHERMAN MUNGIN  
51 NE 183 TERR  
MIAMI FL 33179

FOR ASSISTANCE CALL US AT:  
1-800-829-1040

OR WRITE TO THE ADDRESS  
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 01-0734560. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Please use the label IRS provided when filing tax documents. If that isn't possible, use your EIN and complete name and address shown below to identify your account and to avoid delays in processing.

FIRST TABERNACLE MISSIONARY BAPTIST  
CHURCH INC  
% REV SHERMAN MUNGIN  
51 NE 183 TERR  
MIAMI FL 33179

If this information isn't correct, please correct it using page 2 of this notice. Return it to the address shown so we can correct your account.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.