

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N05647**

1. Entity Name

FIRST SEMINOLE INDIAN BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**% WONDER JOHNS
4701 STIRLING ROAD
FT LAUDERDALE FL 33314****% WONDER JOHNS
4701 STIRLING ROAD
FT LAUDERDALE FL 33314**

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

59-2585379

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

**BUSTER, PAUL
4701 STIRLING RD
FT LAUDERDALE FL 33314**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25**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	PD	<input type="checkbox"/> Delete
NAME	BUSTER, PAUL	
STREET ADDRESS	4701 STIRLING RD.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33314	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VD	<input type="checkbox"/> Delete
NAME	OSCEOLA, MOSES B	
STREET ADDRESS	5920 SW 33RD AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	OSCEOLA, BETTY	
STREET ADDRESS	3022 NW 64TH AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	CRENSHAW, CAROL JEAN	
STREET ADDRESS	4701 STIRLING ROAD	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	BOWERS, MARY	
STREET ADDRESS	6301 NW 33RD ST	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SC	<input type="checkbox"/> Delete
NAME	CYPRESS, CAROL	
STREET ADDRESS	6351 NW 32 ST	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Paul Buster

8/29/01 954-981-4702

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90046 042 ****70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)