

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90005 009 ****75.00

DOCUMENT # N16633

1. Entity Name

CHRISTIAN TABERNACLE MISSIONARY BAPTIST CHURCH,

Principal Place of Business

Mailing Address

**739 SW 12TH AVENUE
 HOMESTEAD FL 33030**

**739 SW 12TH AVENUE
 HOMESTEAD FL 33034-1911**

2. Principal Place of Business

3. Mailing Address

918 N.W. 8th STREET

918 N.W. 8th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FLORIDA CITY FLORIDA

City & State

FLORIDA CITY FLORIDA

4. FEI Number

58-0072406

Applied For

Not Applicable

Zip

33034

Country

DADE

Zip

33034

Country

DADE

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

DIXON, LESIU

**942 NW 3RD STREET
 FLORIDA CITY FL 33034**

Name

LESIU DIXON GREENE

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

942 NW 3RD STREET

City

FLORIDA CITY

FL

Zip Code
33034

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**

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 **P** ☐ Delete
 NAME **STEVENS, JOSEPH S**
 STREET ADDRESS **14701 SW 104 CT**
 CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **TR** ☐ Delete
 NAME **DOZIER, CORENE**
 STREET ADDRESS **705 NW 8TH AVE**
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

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

TITLE **D** ☐ Delete
 NAME **THRASH, CODIE**
 STREET ADDRESS **1272 NW 9TH AVE**
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

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

TITLE **D** ☒ Delete
 NAME **BULLARD, KARY**
 STREET ADDRESS **965 NW 10TH STREET**
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

TITLE **T/D** ☒ Change ☐ Addition
 NAME **Greene, Ernest**
 STREET ADDRESS **918 NW 3RD Street**
 CITY-ST-ZIP **Florida City, Florida 33034**

TITLE **D** ☐ Delete
 NAME **MCGILL, AL**
 STREET ADDRESS **975 REDLAND RD**
 CITY-ST-ZIP **FLORIDA CITY FL**

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

TITLE **D** ☐ Delete
 NAME **BYNUM, MATTIE**
 STREET ADDRESS **15600 SW 295TH TERR**
 CITY-ST-ZIP **LEISURE CITY FL**

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.

(305) 353-6304

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEVENS, JOSEPH S JANUARY 12, 2000

CR2E037 (9/99)