

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 01, 2002 8:00 am
Secretary of State

03-18-2002 90029 004 ****61.25

DOCUMENT # N16633

1. Entity Name

CHRISTIAN TABERNACLE MISSIONARY BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

**918 NW 8TH ST
 FLORIDA CITY FL 33034**

**918 NW 8TH ST
 FLORIDA CITY FL 33034**

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

58-0072406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GREENE, LESIU D
 942 NW 3RD STREET
 FLORIDA CITY FL 33034**

7. Name and Address of New Registered Agent

Name **Cheryl D. Holmes**
 Street Address (P.O. Box Number is Not Acceptable)
12229 S.W. 203 Terracc
Miami
 City **FL** Zip Code **33177**

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

Cheryl D. Holmes
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/4/02
 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

TITLE **P** ☐ Delete
 NAME **STEVENS, JOSEPH S**
 STREET ADDRESS **14701 SW 104 CT**
 CITY-ST-ZIP **MIAMI FL 33178**

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

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

TITLE **TD** ☒ Delete
 NAME **GREENE, ERNEST**
 STREET ADDRESS **942 NW 3RD STREET**
 CITY-ST-ZIP **FLORIDA CITY FL 33034**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **James Lewis**
 STREET ADDRESS **10140 SW 176th**
 CITY-ST-ZIP **Miami, Fla 33157**

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

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

TITLE ☐ Change ☒ Addition
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 STREET ADDRESS **10140 SW 176th**
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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:

Joseph S. Stevens
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-02 305-235-6226

CR2E037 (9/01)

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3/18/02-90029-004-\$61.25-\$61.25

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CHRISTIAN TABERNACLE MISSIONARY BAPTIST CHURCH, INC.

26604

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Mailing Address

918 NW 8TH ST
FLORIDA CITY FL 33034

918 NW 8TH ST
FLORIDA CITY FL 33034

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 58-0072406

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

GREENE, LESIU D
942 NW 3RD STREET
FLORIDA CITY FL 33034

Name Cheryl D. Holmes

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

12224 S.W. 203 Terracc

Miami

City

FL

Zip Code 33177

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ~~James Lewis~~
NAME ~~10140 SW 176st~~
STREET ADDRESS ~~Miami, Fla 33157~~
CITY-ST-ZIP ☐ Change ☒ Addition

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

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

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

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

TITLE TD
NAME GREENE, ERNEST
STREET ADDRESS 942 NW 3RD STREET
CITY-ST-ZIP FLORIDA CITY FL 33034 ☒ Delete

TITLE D
NAME James Lewis
STREET ADDRESS 10140 SW 176st
CITY-ST-ZIP Miami, Fla 33157 ☐ Change ☒ Addition

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

TITLE
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STREET ADDRESS
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SIGNATURE:

JOSEPH S. STEVENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-02 305-235-6226

CR2E037 (9/01)