

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20342

1. Entity Name

NEW MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF MI

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90070 043 \*\*\*\*70.00

Principal Place of Business

Mailing Address

6700 NW 14TH AVE  
 MIAMI FL 33147  
 US

P.O. BOX 420574  
 MIAMI FL 33242-0574  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2813525

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINDSOR, JESSE  
 15730 NW 27 PLACE  
 OPA LOCKA FL 33054

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**

*CH# 2136*

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	D	<input type="checkbox"/> Delete
NAME	TOOKS, CHARLIE R	
STREET ADDRESS	14523 SW 104TH PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TR	<input type="checkbox"/> Delete
NAME	ANDERSON, ALBERTA	
STREET ADDRESS	5573 NW 24 AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	PCT	<input type="checkbox"/> Delete
NAME	WINDSOR, JESSE	
STREET ADDRESS	15730 NW 27TH PLACE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WILFORK, LONNIE	
STREET ADDRESS	19676 NW 33 PLACE	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALDIN, HANNA R	
STREET ADDRESS	3134 NW 49TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ELEMAN	
STREET ADDRESS	2935 NW 68 STREET	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBY HANDY	
STREET ADDRESS	10490 S.W. 171st.	
CITY-ST-ZIP	MIAMI FLA. 33157	
TITLE	DIRECTOR/DEACON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONNIE WILFORK	
STREET ADDRESS	19676 N.W. 33 PLACE	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED

*Jesse Windsor* 2-20-00-305-6216466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)