

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N20342**

1. Entity Name

NEW MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF MI

Principal Place of Business

**6700 NW 14TH AVE
MIAMI FL 33147
US**

Mailing Address

**P.O. BOX 420574
MIAMI FL 33142
US**

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

59-2813525

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

**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

Jesse Windsor President

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-11-01**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	D	<input checked="" type="checkbox"/> Delete
NAME	TOOKS, CHARLIE R	
STREET ADDRESS	14523 SW 104TH PLACE	
CITY-ST-ZIP	MIAMI FL 33176	

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUBY HANDY	
STREET ADDRESS	10490 S.W. 171 ST	
CITY-ST-ZIP	MIAMI FL 33157	

TITLE	TR	<input type="checkbox"/> Delete
NAME	ANDERSON, ALBERTA	
STREET ADDRESS	5573 NW 24 AVE	
CITY-ST-ZIP	MIAMI FL 33142	

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

TITLE	PCT	<input type="checkbox"/> Delete
NAME	WINDSOR, JESSE	
STREET ADDRESS	15730 NW 27TH PLACE	
CITY-ST-ZIP	OPA LOCKA FL 33054	

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

TITLE	DD	<input type="checkbox"/> Delete
NAME	WILFORK, LONNIE	
STREET ADDRESS	19676 NW 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	VD	<input type="checkbox"/> Delete
NAME	ALDIN, HANNA R	
STREET ADDRESS	3134 NW 49TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	

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

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, ELEMEN	
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		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jesse Windsor 2-11-01

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90092 027 ****70.00

00017030

DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)