

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2002 8:00 am
Secretary of State

08-14-2002 90029 003 ****70.00

DOCUMENT # N20342

1. Entity Name

NEW MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF MIAMI, INCORPORATED

Principal Place of Business

Mailing Address

6700 NW 14TH AVE
 MIAMI FL 33147
 US

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-4-02

**After September 13, 2002,
 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 ☐ Delete
 NAME **S**
 STREET ADDRESS **HANDY, RUBY**
 CITY-ST-ZIP **10490 SW 171 ST**
MIAMI FL 33157

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

TITLE ☐ Delete
 NAME **TR**
 STREET ADDRESS **ANDERSON, ALBERTA**
 CITY-ST-ZIP **5573 NW 24 AVE**
MIAMI FL 33142

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

TITLE ☐ Delete
 NAME **PCT**
 STREET ADDRESS **WINDSOR, JESSE**
 CITY-ST-ZIP **15730 NW 27TH PLACE**
OPA LOCKA FL 33054

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

TITLE ☐ Delete
 NAME **DD**
 STREET ADDRESS **WILFORK, LONNIE**
 CITY-ST-ZIP **19676 NW 33 PLACE**
OPA LOCKA FL 33056

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

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **ALDIN, HANNA R**
 CITY-ST-ZIP **3134 NW 49TH STREET**
MIAMI FL 33142

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JONES, ELEMEN**
 CITY-ST-ZIP **2935 NW 68 STREET**
MIAMI 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.

SIGNATURE:

SIGNATURE REQUIRED

Jesse Windsor

8-4-02

CR2E037 (4/02)