

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90135 030 *****70.00

0079236

DOCUMENT # N20342

1. Entity Name

NEW MOUNT MORIAH MISSIONARY BAPTIST CHURCH OF MIAMI, INCORPORATED



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

CHECK HERE IF MAKING CHANGES



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

Jessie Windsor

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	S HANDY, RUBY	<input type="checkbox"/> Delete
STREET ADDRESS	10490 SW 171 ST	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE NAME	TR ANDERSON, ALBERTA	<input type="checkbox"/> Delete
STREET ADDRESS	5573 NW 24 AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE NAME	PCT WINDSOR, JESSE	<input type="checkbox"/> Delete
STREET ADDRESS	15730 NW 27TH PLACE	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE NAME	DD WILFORK, LONNIE	<input type="checkbox"/> Delete
STREET ADDRESS	19676 NW 33 PLACE	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE NAME	VD ALDIN, HANNA R	<input type="checkbox"/> Delete
STREET ADDRESS	3134 NW 49TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE NAME	D JONES, ELEMEN	<input type="checkbox"/> Delete
STREET ADDRESS	2935 NW 68-STREET	
CITY-ST-ZIP	MIAMI FL	

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

Jessie Windsor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)