2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 10, 2000 8:00 am Secretary of State **DOCUMENT # N26037** 1. Entity Name SECOND CANNAN MISSIONARY BAPTIST CHURCH, INC. 03-10-2000 90015 011 ****61.25 Principal Place of Business Mailing Address 4343 NW 17TH AVE 4343 NW 17TH AVE MIAMI FL 33142 MIAM! FL 33142-7951 $\vee \sim v \circ \pi v$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0048490 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) WHITEHEAD, HENRY L 2990 NW 47TH ST **MIAMI FL 33142** City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE CD ☐ Delete TITLE NAME NAME WHITEHEAD, HENRY STREET ADDRESS STREET ADDRESS 2990 NW 47TH ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition TITLE ☐ Delete TITLE TSD NAME ARNOLD KELLY NAME STREET ADDRESS STREET ADDRESS **1470 NW 45 STREET** CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Change Addition TITLE ☐ Delete TITI F DT NAME MILTON, COFFEE NAME STREET ADDRESS STREET ADDRESS 3207 NW 52ND ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI_FL 33142 ☐ Change Addition TITLE ☐ Delete TITLE NAME TUCKER, MARY L. NAME STREET ADDRESS 2034 NW 93RD ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL TIT! F ☐ Delete TITLE Change Addition NAME HILTON, ALVERTIS NAME STREET ADDRESS STREET ADDRESS 9201 N.W. 20TH AVE. CITY-ST-ZIP CITY-ST-ZIP MIAM! FL Change ☐ Addition TITLE ☐ Delete NAME NAME KEELS, JOHN STREET ADDRESS STREET ADDRESS 1934 N.W. 43RD ST. CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 4 2000 305-636-2275

Batte Daytime Phone #