

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

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90124 020 \*\*\*\*61.25

**DOCUMENT # N26037**

1. Entity Name  
**SECOND CANNAN MISSIONARY BAPTIST CHURCH, INC.**



Principal Place of Business      Mailing Address  
**4343 NW 17TH AVE**      **4343 NW-17TH AVE**  
**MIAMI FL 33142**      **MIAMI FL 33142**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0048490**      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

**WHITEHEAD, HENRY L**  
**2990 NW 47TH ST**  
**MIAMI FL 33142**

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 *Henry L Whitehead*  
Signature, typed or printed name of registered agent and title if applicable.

*3-23-03*  
DATE

(NOTE: Registered Agent signature required when reinstating)

**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	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>WHITEHEAD, HENRY</b>	
STREET ADDRESS	<b>2990 NW 47TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>TSD</b>	<input type="checkbox"/> Delete
NAME	<b>ARNOLD KELLY</b>	
STREET ADDRESS	<b>1470 NW 45 STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>MILTON, COFFEE</b>	
STREET ADDRESS	<b>3207 NW 52ND ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33142</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>TUCKER, MARY L.</b>	
STREET ADDRESS	<b>2034 NW 93RD ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>HILTON, ALVERTIS</b>	
STREET ADDRESS	<b>9201 N.W. 20TH AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>KEELS, JOHN</b>	
STREET ADDRESS	<b>1934 N.W. 43RD ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Arnold J. Kelly*      **Arnold J. Kelly**      *3-23-03*      *305-636-1023*

CR2E037 (10/02)