

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90210 006 ****61.25

DOCUMENT # N26280

1. Entity Name

NORTHWEST BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

951 N.W. 136TH STREET
 NORTH MIAMI FL 33168

951 N.W. 136TH STREET
 NORTH MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0760219

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, CHARLES O., JR.
1300 N.W. 167TH STREET
MIAMI FL 33169

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

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **CD**
 STREET ADDRESS **MCGLASHAN, RUDOLPH**
 CITY-ST-ZIP **15830 NW 83 PL MIAMI LAKES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **3753 NE 214 St.**
 CITY-ST-ZIP **Aventura, FL 33180**

TITLE Delete
 NAME **T**
 STREET ADDRESS **RAVENNA, VINCENT**
 CITY-ST-ZIP **401 SOUTH SURF ROAD HOLLYWOOD FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
 STREET ADDRESS **REYONLDS, RODNEY**
 CITY-ST-ZIP **10011 SW 9TH COURT HOLLYWOOD FL**

TITLE Change Addition
 NAME **Allan Harrison**
 STREET ADDRESS **2251 NW 125 Terrace**
 CITY-ST-ZIP **Pembroke Pines, FL 33028**

TITLE Delete
 NAME **VD**
 STREET ADDRESS **RENAZILE, JEAN F**
 CITY-ST-ZIP **2606 SUNSHINE BLVD MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

1/16/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)