

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90018 001 \*\*\*\*70.00

**DOCUMENT # N35030**

1. Entity Name

**NEW SOLID ROCK MISSIONARY BAPTIST CHURCH INC.**

Principal Place of Business

Mailing Address

9026 NW 22 AVE.  
 MIAMI FL 33147  
 US

9026 NW 22 AVE.  
 MIAMI FL 33147-3554

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

**65-0156479**

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

**PITTS SR, MARVIN C.**  
**1332 NW 188TH TER**  
**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	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>JACKSON, RICHARD</b>	
STREET ADDRESS	<b>3165 NW 80 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>FLOWERS, PRUDENCE</b>	
STREET ADDRESS	<b>1790 NW 90 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>FLOWERS, ONZIE</b>	
STREET ADDRESS	<b>1790 NW 90TH ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PITTS, MARVIN</b>	
STREET ADDRESS	<b>9207 NW 22 AVE.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>REED, ADDIE</b>	
STREET ADDRESS	<b>2980 NW 92ND ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>DYSON, ARTHUR</b>	
STREET ADDRESS	<b>15920 NW 21 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

TITLE	<b>SECT.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PINKIE NORTON</b>	
STREET ADDRESS	<b>10806 W.E. 3rd MIAMI 7/A 33168</b>	
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
NAME		
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)(l), 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: MARVIN C. PITTS **MARVIN C. PITTS**

4/10/2000 305 688-7031

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)