

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37467

1. Entity Name

NEW MOUNT PLEASANT BAPTIST CHURCH, INCORPORATED

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90040 029 ****70.00

Principal Place of Business 7610 BISCAYNE BLVD. MIAMI FL 33138 US	Mailing Address 7610 BISCAYNE BLVD. MIAMI FL 33138-5109 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0191909	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, JACK
16855 N.E. 2ND AVE.
STE. 303
MIAMI FL 33162

7. Name and Address of New Registered Agent

Name Stolar, Allen
 Street Address (P.O. Box Number is Not Acceptable) 290 N.W. 165 street M 40D
 City Miami FL Zip Code 33169

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 Allen D. Stolar DATE 4-10-00
Signature, typed or printed name of registered agent and title if applicable. (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
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, JENNETTA M. 5225 N.W. 30TH PLACE MIAMI FL 33142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALLEN, CELLESTINE 8150 NW 13TH CT. MIAMI FL 33147 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ONEAL, CHANEY 730 NW 76TH ST MIAMI FL 33050 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHBURG, JOHN H. 1045 N.W. 117TH STREET MIAMI FL 33168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROUNDTREE, W.R. JR. 506 NW 179 ST. MIAMI FL 33169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARLOW, KATIE J 249 SW 4TH CT. HOMSTEAD FL 33030 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Frazier, Patricia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8852 NW 22 Pl MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Roundtree, W.R. Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14421 NW 13 ave Rd MIAMI, FL 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** Jennetta M Davis 4-11-2000 305-757-2332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #