

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90348 038 \*\*\*\*61.25

**DOCUMENT # N40031**

1. Entity Name

**NORTH DADE CHURCH OF CHRIST, INC.**



Principal Place of Business

**4601 NW 159TH ST  
OPA LOCKA FL 33054**

Mailing Address

**4601 NW 159TH ST  
OPA LOCKA FL 33054**

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 **65-0302061**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BRYANT, LLOYD  
17221 NW 32 CT  
CAROL CITY FL 33056**

7. Name and Address of New Registered Agent

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  
NAME **BRYANT, LLOYD**  
STREET ADDRESS **17221 NW 32 CT**  
CITY-ST-ZIP **CORAL CITY FL**

☐ Delete

TITLE **TD**  
NAME **RILEY, JOHN**  
STREET ADDRESS **3330 NW 211TH ST**  
CITY-ST-ZIP **CORAL CITY FL 33056**

☐ Delete

TITLE **VD**  
NAME **HAMILTON, RALPH H.**  
STREET ADDRESS **3921 SW 27 ST**  
CITY-ST-ZIP **HOLLYWOOD FL**

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STREET ADDRESS  
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CR2E037 (10/02)

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: **LLOYD BRYANT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/9/03 305-620-6390**